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PRESIDENTIAL ADDRESS—ACADEMY OF MEDICINE, TORONTO

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In the first place, permit me to express my deep appreciation of the honor of having been elected President of the Academy of Medicine for the current year. When one reflects on the manifold duties and responsibilities involved, he may well be pardoned some misgivings as to the wisdom of your selection. If, however, an abiding faith in the mission of the Academy and of its possibilities of usefulness to the profession of Toronto, and a willingness to do one's best to promote its welfare will compensate for other deficiencies, I may hope to justify a claim to these qualifications. Until two months ago everything gave promise that this year should be marked by a continuance of the phenomenal progress which has attended the Academy in increasing degree each succeeding year since its organization in 1907. The increase in membership, now about four hundred, the growing attendance at meetings, the ready response from leaders of the profession, abroad as well as at home, to contribute to our programmes, the steady growth of the library, and not least, the general recognition that we now have a strong and representative organization, which reflects the opinion and mobilizes the influence of the profession, are all gratifying evidences of our progress. The rapid growth of the Academy, however, has produced problems pressing for solution. Already our accommodation for both library and meeting purposes is greatly overtaxed. The council had considered the matter and had formulated a plan to submit to the Academy to make provision for these urgent needs.

Through the munificence of Mrs. Ross the means were provided for the erection of a beautiful auditorium, as a memorial to our revered colleague and first president, the late J. F. W.

Ross. This splendid contribution, with others in sight, if supplemented by reasonable assistance from our own members, brought within view the realization of a building in Queen's Park worthy of our profession and city.

The sudden breaking of the cloud which has so long threatened our Empire and the peace of the world, however, has dislocated the affairs of our country, and turned the resources and energies of our people from peaceful pursuits to a struggle against a military despotism, for not alone our national existence, but for the cause of freedom and the future of civilization.

These events have made it necessary that our plans for building shall be held in abeyance for the time being.

In this crisis, as in the past, our profession has stood ready to accept its share of sacrifice, not only in answering the call of duty in active service, but in contributing both time and money for the care of the needy dependents of our soldiers and for the relief of the increased sickness among the poor of our city. Most of us shall not have to face the dangers and hardships of active service, but the hearts and prayers of every Fellow will follow those of our colleagues, including the chairmen of two of our sections who have gone, and they may be assured that each of us will consider it not only a duty, but a privilege, to conserve as far as possible their interests in their absence.

During this session we are unlikely to be favored by visits from transatlantic colleagues, whose contributions to our programmes have been such a valuable feature of our meetings in past years. It is a great satisfaction, however, to know that we still have our good American friends to call upon, one of whom, in the person of Dr. L. G. Cole, of New York, we shall have the pleasure of hearing to-night.

There is none among us who does not look forward with confidence to the time when "danger's troubled night depart" and peace with honor shall be again established. In the meantime there is no duty more important, no service greater, which those of us who remain at home can render our country than loyally to uphold those institutions and interests committed to our special care.

May one go further, and express the wish that one among you more worthy had been in my place, to say that this is an opportune time to rise superior to personal differences, jealousies or friction; to set aside all "ancient forms of petty strife," and, emulating the spirit of political parties at home and abroad, to cultivate har-

mony and good-fellowship, and unite on the common ground of our interest in our institutions and the profession at large.

It is idle as it is undesirable, among independent, earnest and educated men, to look for uniformity of thought or opinion on all questions which may arise, but let us respect to the fullest degree honest differences, and as university men, let us cultivate a spirit of freedom of thought and action.

Above all, let our quarrels and differences, if any, be among ourselves and not unnecessarily aired in public, or submitted to the judgment of outsiders, indiscreet enough to meddle in family affairs or ready to deliver judgment on ex parte evidence.

It is customary on occasions such as this to select for consideration some topic of outstanding interest and importance to the profession, a retrospect, perhaps, of recent medical progress, an appraisal of present conditions or an outline of the prospect for the future. In the ordinary even tenor of our way the task is usually not a difficult one, but what of the present, when bloodshed and destruction is the one absorbing interest of civilized nations?

Never by contrast, however, was the nobility and humanitarianism of our own calling more strikingly exemplified—the one profession whose sympathies and interests extend beyond international boundaries, whose chief duty is to *fight* against disease, to *conserve* the health and lives of the people, even to mitigate the scourge of war itself by its merciful service rendered alike to friend and foe. This is certainly not the time to abate our zeal or slacken our efforts in furthering the beneficent influences of the art and science of medicine.

Apart from the rapid advancement which has characterized every branch of medicine in recent years, undoubtedly the outstanding feature of the period is the world-wide movement to reorganize, to correlate and to amplify the various institutions and agencies associated with our professional work.

In the field of medical education we have seen the old proprietary schools, which served well their day and generation, gradually replaced by the medical departments of universities; the standards for matriculation and graduation have been raised, the course of study lengthened and many new subjects have been added to the curriculum; and adequate provision has been made for the systematic teaching of the fundamental sciences in extensive and well-equipped laboratories, under the direction of full-time professors.

A further tendency has been apparent during the past few years to separate medical education more widely from practice,

to regard it as "primarily an educational and not a medical question." The application of this principle has already resulted in radical changes in some institutions, where the professorships in medicine, surgery and other clinical branches, have been given to men devoting all their time to teaching and research, to the exclusion of consultants or those otherwise giving a part of their time to private practice. Some authorities have gone even further and advocate the displacement of the latter altogether as clinical teachers, because they believe it is impossible for men busy in practice to give the necessary time for the proper discharge of their academic duties.

Considering the amount of executive work thrown upon the head of a clinical department in a large medical school, such a limitation of his private work has apparent advantages, though in some institutions a more democratic plan has been adopted to distribute the burden, namely, by vesting control in a departmental committee instead of in one individual.

The adoption of a principle, nevertheless, which would place the education of medical students, especially in the clinical branches, exclusively or largely, in the hands of men deprived of the invaluable experience of consulting or private practice, must be viewed with grave misgiving by those who appreciate the responsibilities placed upon those whose duty it is to minister to the sick, and who know the necessity for not only a *thorough,* but a *thoroughly practical training.*

The exclusion of men doing private work from clinical appointments, moreover, would appear a needless limitation of the power of our universities to select the most competent men, regardless of any arbitrary restriction of the field of choice; it would deprive those responsible for the treatment of private patients of important opportunities for keeping abreast with professional progress, and would tend to the development of a medical hierarchy, capable of maintaining their positions and status by controlling the facilities for advancement (provided at the public expense), instead of by the amount and character of work accomplished, under conditions wherein active competition is not only permitted, but encouraged as far as possible.

In advising against the adoption of this principle, the Royal Commission on Medical Education in London points out "the grave danger against which practice is the best protection, the danger of forgetting the individual in the interest aroused by his disease." The financial burden involved by the limitation of clinical teaching to a class devoting itself entirely to this and re-

search, however, makes the proposition at present impracticable, and therefore of only academic interest, except in institutions where money has been specially provided for the purpose.

A glance at the hospital field reveals a similar activity, aimed at bringing these institutions up to the requirements for modern clinical investigation, diagnosis and treatment. In no place has evolution along these lines, especially in the provision of excellent accommodation for both private and charity patients, been more active than in our own city, where we now have buildings which compare favorably with those of any great medical centre in the world. In America and Great Britain there has been a recognition of the necessity for radical changes in the organization of clinical departments in order to render effort more productive and to make provision for the practical application of recent scientific discoveries to diagnosis and treatment.

In some features of hospital work, we are still far behind the best continental institutions. This applies especially to the organization of self-contained and independent clinics, each with its own wards, doctors, nurses and servants; with its own theatres, library, laboratories and equipment. These distinctive features of the continental system as contrasted with the British, come naturally with the former from the common custom of having different clinics in separate buildings or clinical institutes.

The advantages of the independent clinical units, in fixing responsibility, in giving freedom in initiative and management, in permitting of the building up of each clinic along lines most suited for its special purpose, in avoiding friction and interference which paralyze action, and in providing generous rivalry, are very evident, and account in no small measure for their greater capacity to produce good team work.

Before the Royal Commission, under the chairmanship of Lord Haldane, the inadequacy of the system so long in vogue in Great Britain to meet modern requirements, was pointed out by many of the witnesses, Sir Wm. Osler characterizing the existent conditions "as a legacy from a period when university ideals had not reached the practical side of our medical schools."

The necessity for considering these defects of organization applies to our own hospitals quite as much as to the British, after which they are modelled.

In no particular has the old system failed more conspicuously to meet the requirements of modern progress than in the correlation of laboratories to the general clinical work of the wards. It is quite unnecessary to urge the essential importance of good labor-

atory work for the investigation, diagnosis and treatment of cases in the clinic. Any serious consideration of the question must make it conclusive that laboratory examinations and investigations are as much a part of the clinic as the use of the stethoscope or the speculum. The delegation of the laboratory work of the clinics to other departments—as Pathology or Pathological chemistry—can never be a satisfactory solution of the problem or productive of the best results.

Even the most imperfect attempt to meet the laboratory requirements of the clinics in this way imposes on these departments an amount of detail work which must seriously interfere with their own special functions; it places laboratory investigations in the hands of those not intimately associated with the clinical problems to be worked out, and who, no matter how competent in their own spheres, cannot be expected to have a thorough grasp of all the clinical specialties; it deprives clinicians of both the incentive and opportunities for development as practical laboratory workers, or even to apply in a satisfactory way the results of scientific methods to the cases under their control; it results in a breakdown of the laboratory work of the clinic during holidays when ward work must go on, though the college laboratories are more or less inactive; it detracts from the independence and dignity of the clinic and presents an insuperable barrier to a high order of intensive or special clinical effort.

I believe one may safely say that there is no matter so intimately related to the future development of our clinical work and the practical training of our students as the provision of commodious and well-equipped laboratories in connection with each clinic, for routine examinations, for teaching and for investigation.

I do not wish to be misunderstood as advocating a complete severance of the systematic work in the college laboratories from the applied work in the wards, but the relation should be consultative rather than executive. One need only consider the amount of work involved in the laboratory end of the clinical specialties, the special training required, the number of assistants necessary to accomplish the work, the fact that surgery, medicine and other branches and their various sub-departments all present different problems in equipment, technique and direction, in order to grasp the impossibility of having this work carried out properly in other departments.

Every argument which can be so readily adduced in favor of the thorough training of students in the scientific departments during the primary years hinges on the necessity for preparing

them properly for the study and investigation of disease, when they later enter the hospital wards. It, therefore, follows that sufficient time and suitable facilities must be provided for the application of the methods which they have learned, unless the chief purpose of their preparatory training is to be lost.

Leaders in the scientific departments have been among the strongest advocates of this reform, Professor Welch, of Johns Hopkins, especially having urged the necessity for "the foundation and support of teaching and investigating laboratories connected with the clinics."

To what purpose, one may ask, does the young teacher spend years in the pursuit of laboratory methods, if he is to be cut off from applying his knowledge, and further developing himself when once he passes from the systematic laboratories to the clinic? While one does not wish to appear as unnecessarily "emphasizing the obvious," the vital importance of this whole question is sufficient warrant for its careful consideration.

Looking to the future, it appears plain that either clinicians must have the facilities for and undertake the responsibilities of the laboratory work of the clinics, or the laboratory men must assume control of the wards. Modern requirements are not met by the present separation.

Carlyle has said, "That the end of man is an action and not a thought, though it were the noblest." We have, happily, passed the period when we are satisfied with even an intimate knowledge of the work of others, by reading, *thinking* and *talking* of scientific medicine without doing.

What is wanted now is the *opportunity* more than the stimulus to work, the conditions toward which the energies of our profession have striven, when our men might be able to join, as active participants, in the march of progress rather than continue as interested spectators.

It has been said, with some warrant for the statement, that while our clinical staffs have discharged creditably their obligations to the sick, that they have as yet contributed little in the way of researches of scientific value. But surely, if they have failed, it has been the failure of accomplishing the impossible, of attaining the end without the means, of turning out the finished product before the erection, manning organization and equipment of the plant, rather than entirely from fault of the individual.

I should like, if time permitted, to refer to numerous other lines along which a rapid evolutionary process is taking place at the present time, such as the establishment of special institutions

for medical research, the wonderful activity in the domain of public health, the popular crusades against tuberculosis, cancer, venereal disease, infant mortality, and occupational diseases; the legislative enactments in connection with workmen's compensation and national insurance, all of them questions in which we are specially interested and toward the solution of which we should use our influence.

It requires no prophetic vision to see the bearing of all these matters on the future of the medical profession. It can be said to our credit that we have always been ready to sacrifice personal interest to the common good, so that whatever tends to progress is assured of our sympathy and hearty support.

There is, unfortunately, a disposition on the part of some to mistake mere novelty and change for progress; and of others, looking at a broad question from a particular angle, to overestimate the relative importance of one aspect of professional activity, usually their own, as compared with another. It is here that the steadying influence and hard common sense of the profession at large, whose theories have been tempered by the cool winds of practical experience, should make its influence felt, so that, while ready to try all things, we may hold fast to that which is good, at least until something better is at hand, and under all circumstances let us be assured that, come what may, the chief aim and object of our profession shall be kept steadily in view—the control and cure of disease.

But it must not be assumed that the future progress of medicine is bound up entirely in the activities of colleges, hospitals, research institutes, boards of health, and so forth. The important strategic position occupied by the general practitioner for attacking many of the problems of disease, for studying the initiation of disease, its course, perhaps through many years, and its final outcome, has not been fully appreciated.

This aspect of clinical progress is dealt with in a masterly way in a paper by James Mackenzie, published in the *British Medical Journal*, January 3rd, 1914, and which should be read by everyone, especially by our younger men, who frequently undervalue the opportunities which general practice affords for scientific study. Coming from one, himself a general practitioner, who has probably done as much as any other physician of our time to apply scientific methods to the elucidation of important practical questions, his words are worthy of our earnest attention; he says, "The general practitioner must be recognized as an essential adjunct in research. To him especially we should look to find out

the early stage of disease and its progress. Hitherto the lack of this assistance has been the cause of the tardy advance of medicine."

There is no essential reason for lack of harmony in work or aim among the different branches of our profession. Friction means dissipation of energy and lessened efficiency. Mutual support, sympathy and co-operation are essential to success.

In the fight against disease we represent different sections of one great organization, each with all-important duties—the laboratory worker and experimenter devising and proving new implements and methods, the hospital clinicians and specialists bringing forward that which is new and best withstands the test of application—thus keeping open the communications with the men on the firing line, the great body of practitioners, on whose training and efficiency, after all, victory ultimately depends. Our students are the recruits, who must be imbued with the proper spirit and trained to take their places in the ranks depleted by the casualties of service and by the falling out of the veterans.

At the time of the International Medical Congress last year, a London paper, in an editorial on "Our Friend the Doctor," expressed a layman's point of view in these appreciative words, "The discoveries of Lister, Pasteur, Metchnikoff and Ross—to name only a few—constitute an epic worthy of a Homer. The slow dragging of her secrets from Nature, the discovery of the thousand unsuspected agents through which she works, is a fascinating study to those who understand it. The laboratory is the arsenal from which the hand of the physician and surgeon is armed. But it is the wise, experienced, tender man, the first to be called, and the last, too often to be paid, of whom we common folk are thinking when we speak of "the doctor."

Every intelligent medical man appreciates the indebtedness of modern practice to laboratory men, and disparaging remarks regarding the value of their work reveal the weakness of the critic more than of the object of his criticism.

On the other hand, practitioners generally will approve of Miltzer's candid criticism of a fortunately rare type of scientific prig, who affects a lofty disdain of everything practical and who thinks it more noble to investigate a sick rabbit than to attend a sick man. "The trouble with men trained exclusively in laboratories is two-fold: first, they do not seem to see that a medical fact observed critically by a capable physician deserves as much credence and consideration as a fact developed by laboratory methods; and, secondly, the laboratory man offers positive opinions in a field

in which he has no experience." We should remember, however, that clinical and laboratory knowledge are in no way antagonistic or mutually exclusive.

Among the other factors exercising an influence in the present forward movement we must not overlook the importance of such institutions as the Academy of Medicine. It provides every year an extensive and valuable course of post-graduate instruction; through it our younger men are given an opportunity by presenting results of investigations or reports of cases, to establish themselves in the estimation of their confreres, who will not be slow to judge them by the quality of the work they bring forward; our senior men, in the seats of the mighty, are enabled to demonstrate that their places of trust and opportunity are worthily occupied, by presenting to the great body of practitioners composing the bulk of our membership what is latest and best in their several departments; our colleagues in the scientific departments to bring their investigations and discoveries before the men who can test out their value in practice.

The library, however, is the nucleus around which centres the life of the Academy. From the time of the Alexandrian school to the present, no great medical centre ever developed apart from good libraries. Osler has said, " It is hard to speak of the value of libraries in terms which would not seem exaggerated. To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all. For the teacher and worker a great library is indispensable. They must know the world's best work and know it at once; they mint and make current coin, the ore so widely scattered in journals, transactions and monographs."

It should, therefore, be our steady aim to make this one of the great medical libraries of the world, and I believe many of us will live to see the day when this has been accomplished. It may be of interest to you to know that among medical libraries we at present rank second in Canada, twenty-ninth on this continent and seventy-sixth in the world.

To indicate the possibilities of growth, it is encouraging to know that when Dr. Billings took charge of the Surgeon-General's library at Washington in 1865, it contained less than 2,000 volumes, while at present it has on file 175,507 volumes, and its index catalogue has a reference to every rare case that has been recorded since the discovery of printing A.D., 1450. Our Fellows, through arrangements made in Washington and the deposit

of a sum of money to cover insurance, by the late Dr. Ross, have the great privilege of being able to have access to books and references from this library by merely paying express charges.

We are now prepared, at request, to place at the disposal of our members any important journal, transactions, reports, monographs, or text-books in which they may be specially interested.

An historical section of our library, in which is collected documents relating to our history and development, biographies, autographs, photographs, hospital and health reports, journals, etc., should be started as soon as possible before passing years render much material relating to our early days unavailable.

The erection of our new building will afford an opportunity for the descendants of the many notable members of our profession, who were so closely identified with the settlement and development of Upper Canada to appropriately commemorate their names and deeds in our common meeting places, and thus link up the history of the period in which they lived with the present.

In this connection it affords me much pleasure to say that a grandson of one of the early physicians of Toronto has set aside in his will the sum of $10,000 to establish a lectureship in connection with the Academy, to be named after his grandfather.

The movement to organize the various city and district medical societies throughout the province and link them up with the Ontario Medical Association, and through it with the Canadian Medical Association should receive our active support as a measure making for professional cohesion, and the increasing of our corporate influence in the community.

I cannot let the occasion pass without referring with deep regret to our losing the services of Miss Mason, who filled the position of librarian and secretary to the Academy so acceptably for a number of years. Her industry, devotion to duty and unfailing courtesy won the sincere regard and appreciation of all, and our best wishes will follow her in her new vocation.

Owing to the increasing amount of work, the Council considered it necessary to separate the duties of librarian and secretary.

The former has been placed in charge of Miss Charlton, who comes to us with a reputation established by many years' service in McGill Medical College, as one of the foremost librarians on the continent; the latter has been filled by the appointment of Miss Runciman, who already has given ample evidence of her fitness for the duties of the position.

It is our sad duty at this time humbly to acknowledge that "the art whose province it is to heal and to save, cannot protect its own ranks from the inroads of disease and the waste of the destroyer." Since we last met one of our best-known and most deeply-esteemed Fellows and member of the Council, has been called from his labors. Dr. Bruce L. Riordan was a big-hearted, generous friend, devoted to his calling, and his early death at the height of his professional career, is a great loss to our ranks and to the community he served so faithfully. To the widow and son we all join in expression of our deepest sympathy.

The medical profession of Toronto and the Province of Ontario since its foundations were laid a century ago by the old army surgeons, has exercised an influence on our political, educational and social development, which stands as a lasting monument to the character, capacity and influence of its members. We have a noble heritage, and it is our duty to see that it is transmitted to those who follow us, unimpaired in dignity, honor and usefulness.

LEGISLATION CONCERNING THE RIGHT TO PRACTICE MEDICINE *

By Dr. A. F. McKenzie, Monkton, Ont.

Mr. Chairman and Gentlemen,—

As the Premier of this province has stated his intention of appointing a Commission to investigate the whole subject of medical education and practice, and as our territorial representative has recently asked us by circular for an expression of our individual views, I consider the present an opportune time for a discussion of the subject of "Legislation concerning the right to practice medicine." My object will be to give a short sketch of present conditions and offer some suggestions for the purpose of drawing out the opinions of others rather than with the idea that I have completely solved, in my own mind, what ought to be done, let alone what will be done after this matter has been presented first before a Commission and then before our Legislature.

I believe this is a subject in which the average practitioner takes very little interest. Having received his diploma, he, as a rule, finds enough difficulty in paddling his own canoe through the rapids and eddies of practice, without taking much thought of who else has secured the privilege of taking the same trip and running the same risks as himself. He votes for his territorial representative, pays his two dollars a year, and is content to leave the matter in the hands of others. I must confess that I have no recollection of ever having read over, until I undertook the preparation of this paper, the Ontario Medical Act.

A complete consideration of this subject would involve an examination of the very foundations of human government—whether we like it or not, by whatever name we may call it. Whether it be the ushering in of a higher and better civilization, or whether it will prove to be a new kind of slavery, the march of events appears to be towards the state undertaking to either perform itself or to regulate the performance by others of undertakings which formerly were left to individual option and enterprise. What reasons are there why the Government should have anything special to say about this question of medical education

* Read at a joint meeting of Huron and Perth Medical Associations, held in Mitchell, July 15th, 1914.

and practice? Why should not the adage, "Let the buyer beware," apply to relations between doctor and patient, the same as it does to merchant and customer. Many answers might be given to this. I shall content myself with the following. In case of sickness the patient and his friends are not, as a rule, capable of exercising that judgment and deliberation which usually attend the ordinary transactions of life. They are, for the time, in a state of panic, the degree of which varies greatly in different individuals. Moreover, even if they were able to use their usual judgment and deliberation these would not in themselves, without previous experience, enable them to judge the value of medical service to the same degree that the ordinary man can judge of the value of what he purchases in the store or factory. Again, many cases of illness concern not only the patient and his friends, but the community at large. It may or may not be a matter of interest to the community how much an eruption on the skin of a certain individual may itch, but it decidedly is a matter of concern for the community at large to feel confident that the man who is treating that eruption is able to determine with a reasonable amount of assurance whether or not it is contagious.

These are some of the reasons why we think it to be the duty of the state to insist that the ordinary citizen should, when he calls upon a licensed practitioner, have reason to feel that he will be treated by someone of at least average intelligence and possessing a reasonable amount of special training in the diagnosis and treatment of ordinary diseases and injuries. It follows, however, as a natural sequence that the state cannot secure such a specially trained body of men without granting to them certain privileges. The question for statesmen to decide is—"Are the privileges approximately proportionate to the special responsibilities and requirements."

I have not had time nor opportunity to trace medical legislation to its sources and learn how much of it has been prompted by those desirous of securing special privileges and how much by personally disinterested statesmen desirous only of the welfare of the people. Whatever the origin, however, the present condition is that practically all civilized nations have restrictions and regulations of some sort, and the philosophical anarchist is probably the only class of thinker who would advocate that anyone who wished be permitted to practice medicine, surgery and obstetrics for compensation.

We, of course, are particularly interested in legislation as it affects our own province. I do not think it necessary to make

any particular reference to the newly-created Dominion Medical Council, as that does not so immediately concern us. I may say, however, that I think it is structurally weak in the same particular as our own Provincial Board.

The regulation and control of the practice of medicine, surgery and obstetrics in this province is in the hands of the Medical Council, consisting at present of eighteen territorial, six collegiate and five homeopathic representatives. According to a statement issued not long ago by our territorial representative, there are in this province about three thousand and fifty licensed practitioners, of whom fifty are homeopaths. According to these figures every ten homeopaths have a representative in the Council, while the rest of us are represented only in the proportion of one to one hundred and twenty-five. Aside from this anomaly I see no particular objection to the composition of our Council, except that three of the collegiate representatives do not represent colleges or universities where medicine is taught at the present time. In 1912 a committee appointed by the Council recommended that the representation of the universities be reduced to those actually engaged in the teaching of medicine and that the number of homeopathic representatives be reduced to two and territorial representatives to ten. This has not yet become law.

I am informed by communications recently received from the registrar of the Council that during the past eight years there have been only five candidates take the homeopathic examination. If there is to be a reorganization of the Council, I think the homeopaths should seriously consider the advisability of giving up completely their special representation in the Council. I say this out of no disrespect for the homeopaths. Man for man they are probably as good as the rest of us, but a great many things have happened in the medical world since the time of Hahnemann. The present generation of homeopaths have lived to see in the therapeutic use of vaccines probably the nearest approach to a corroboration of Hahnemann's theory that it is likely to receive. But so far as I know the homeopaths themselves had nothing to do with the introduction of vaccines. They have probably not taken up their use any quicker than the rest of us, and it is possible that the field of usefulness of these vaccines may prove to be more restricted than many enthusiasts at present believe. So that I think, taking everything into consideration, now would be a very good time for them to give up their special representation. Their presence in the Council makes it that much more difficult for us to say to the Legislature—There is a certain amount of knowledge

pertaining to the practice of medicine which is recognized and belongs to the medical profession, not only in Canada and the United States, but the whole of the civilized world. We want every man and woman licensed to practice medicine in this province to possess what we consider a reasonable minimum amount of this knowledge which, great as it is at present, will probably become still greater, and we do not want our licentiates to go out tagged with names and bound by theories or systems which will prevent them from keeping up with the march of progress. If homeopaths are specially recognized, why not eclectics? If eclectics, why not osteopaths, naturopaths, physio-medicists, and all the rest of them? And here I come to what I consider the central point of my address, viz., the desirability of maintaining, so far as possible, the unity of medicine, and by that I mean to include, of course, surgery, obstetrics, hygiene, sanitation and allied subjects.

The whole problem of medical education and legislation appears to me to resolve itself around the question of whether or not it is possible and desirable to select a sufficient number of young men and to train them within a reasonable time and at a reasonable expense, that when they graduate the Medical Council can say to them: The whole field of medicine, surgery, obstetrics and allied subjects is open to you. Your limitations are to be set by yourselves, your patients, the criticism of your colleagues and the general community and the laws of the land pertaining to crime and malpractice. All therapeutic resources are yours. Exercise in all its forms, both active and passive; mechanical adjustment and the use of mechanical appliances; hydrotherapy, electrotherapy and aerotherapy; catnip tea and aconitine; soft sawder and hard steel; suggestion, persuasion and even damnation. All these and anything else the future may develop are yours, to be used in the way you think best for the good of your patients. It is needless to say that no one man can be equally efficient in the use of each and all of these agencies. I know of no decision, however, by any judge which limits the therapeutic field of any legally qualified practitioner, so long as the treatment adopted is suitable for the case and used with a reasonable amount of skill.

Such, gentlemen, as I understand it, is the license which we received and which is now being granted. Should this continue to be the nature of the license granted or should it be altered? There has recently been launched on this continent an international organization known as the "American College of Surgeons." As yet it has no legal status so far as the regulation of the practice

of surgery is concerned, but some prognosticators are inclined to think that the time may not be far distant when this organization will say to our Medical Council, "The privilege you grant is too broad. Your requirements in certain subjects are not severe enough. Before a man should be allowed to do other than minor surgery he should come up to our requirements and receive our sanction." On the other hand there are different groups of those who say: "We wish to treat the sick, but we do not care to be judged by your standards. A great deal of what you ask us to know is not necessary according to our way of thinking. We have new and complete methods for the preservation of health and the relief and cure of human ills. It is true that we are not exactly agreed among ourselves as to what we should be called nor as to how long it takes to learn these methods. Some of us think they can be acquired in a few months. Others think it takes three or four years. However, here we are. We would like you to recognize us as legally qualified to treat the sick, but whether you do or not, we are going ahead, and we defy you to prove we are breaking the law or to penalize us if we are."

Such, gentlemen, is the present state of affairs, and the question is, What are we going to do about it?

The Ontario Medical Act says, article 49: "It shall not be lawful for any person not registered to practice medicine, surgery or midwifery for hire, gain or hope of reward; and if any person not registered pursuant of this Act, for hire, gain, or hope of reward, practices or professes to practice medicine, surgery or midwifery or advertises to give advice in medicine, surgery or midwifery, he shall, upon a summary conviction thereof before any justice of the peace for every such offence pay a penalty not exceeding $100.00 nor less than $25.00."

The Ontario Medical Act, however, gives no definition of the practice of medicine. Under date of March 19th the registrar of the Council writes me: "I have no idea how many osteopaths, chiropractors or Christian science healers there are in the Province of Ontario, but there must be over a thousand. We have been beaten every time we have prosecuted any of these people, as the judges have given a decision that in order to practice medicine drugs must be given, and if they are not used then they are not practising medicine according to our present Act."

The Standard Dictionary gives among other definitions of the word medicine: "The healing art; the science of the preservation of health and of treating disease for the purpose of cure."

Most of the State Boards to the south of us define the practice of medicine, and when we turn to these definitions we are reminded of a saying attributed to John Hunter, viz., "Definitions are the most damnable things."

These definitions of the State Boards range from about two lines to nearly a page in length. One of the most concise is that of Alabama: "Any person who treats or offers to treat diseases of human beings by any system whatsoever is considered to be practising medicine." Many of the states recognize three schools of medicine, viz., Regular, homeopathic and eclectic. So far as I am aware the term "allopath" is not used in connection with any of the state regulations. Nearly all of the states have exemptions of various kinds. In some of them midwives are exempted. The question of Christian scientists, clairvoyants, psychic and faith healers of different kinds is a very difficult one to deal with by law. As a rule they do not demand legal recognition. All they ask for is to be let alone. With the exception of Christian science not many people rely to any great extent on these means, and most people when they resort to them are probably aware they are taking chances. In some of the states these mental healers are exempted from the provisions of the Medical Act. In some others it is specifically stated that they are not exempt.

Probably the people we are most interested in at the present time are the osteopaths and chiropractors. With regard to the latter, up to a year ago Kansas was the only State to give them any legal status, and in this State, although the Governor permitted the bill to become law, it did not receive his signature.

As to osteopathy, I quote the following extracts from an article appearing in the *Journal of the American Medical Association* of March 29th, 1913:—

The classification of states naturally divides them into:

(1) Twenty states having laws authorizing a separate osteopathic board.

(2) Eleven states having laws adding an osteopath to the membership of existing boards.

(3) Nine states with laws authorizing the existing board to examine and register osteopaths as such.

(4) Seven states having no specific regulations on the subject.

Regarding the legal status of osteopathy in the courts, in fifteen States it has been declared either by statutory enactment or judicial decision to be the practice of medicine, while in twenty-one States it has been declared not to be the practice of medicine.

Turning to our own Provinces, it would seem that the only two which have so far taken any legislative cognizance of osteopathy have been Alberta and British Columbia.

In British Columbia three classes of practitioners are recognized: regular, homeopathic and osteopathic. The latter two are supposed to be restricted wholly to the practice of homeopathy or osteopathy. Just how you are going to give a person the privilege of treating the sick and restrict him to homeopathy or osteopathy is a mystery to me.

Is then osteopathy the practice of medicine? According to the decisions of the courts and legislatures of the land of its birth it is and it is not. What do osteopaths themselves say? In this small pamphlet entitled "Bulletin and Journal of Health," issued by the Littlejohn College and Hospital, is contained, among other things, a declaration of osteopathy as follows: "Osteopathy herein defined and as in practice recognized and authorized by the leading adherents of this modern school of healing is the term used to designate the new and independent, scientific and complete method or system for the preservation and maintenance of health and for the relief and cure of bodily disorders (or disease), and osteopathy in its principles and practice comprehends and includes all those various phases of health and disease as are covered by the other schools of medicine, surgery, midwifery and sanitation."

According to this declaration the osteopath claims as the field of his endeavor just exactly the same ground as we do who are licensed in this Province to practice medicine, surgery, and midwifery.

Having thus declared the extent of territory they wish to occupy, what reasons have they to give why they should not enter this field on the same terms as the rest of us? Setting aside those things which they calmly appropriate from the ordinary medical knowledge of the day their claims for special consideration appear, to my mind, to narrow down to the assertion that practically all diseases are due to or accompanied by anatomical displacements not recognizable by the ordinarily trained medical man, but which can be detected even in the earliest stages by the highly-trained sense of touch of the osteopath. These displacements, moreover, can be overcome by osteopathic manipulations, and thus health maintained and restored.

What is their position as regards the use of drugs? On page 4 of this pamphlet we find the following: "Osteopathy comprehends and includes in its philosophy, principles and practice surgery (both major and minor), including surgical medicine,

anesthetics (general or local.)" Now what general or local anesthetics have they got that are not drugs? Again a little further on in this same pamphlet occurs this statement: "Osteopathy declares that internal medication by means of drugs, chemicals or other poisons (not foods or natural remedial agents of known and harmless value) is experimental and empirical, jeopardizing both the health and life of the user, and therefore the use of the same is discouraged and discarded (as a system or method of therapeutics)." This reads to me as though they claimed the right to use drugs at their discretion.

I have here the 1912-13 announcement of the Littlejohn College and Hospital. In looking through the list of text-books recommended I find many which we all recognize as authorities: "Gray on Anatomy," "Foster on Physiology," "Osler on Medicine," "Rose and Carloss on Surgery," and so on through the whole list. Anyone looking at this part of the announcement alone would not be able to distinguish it from that of a regular, commonplace medical school. The only two subjects which are different are "Osteopathic Technique," in connection with which no text-books are named, and "Principles of Osteopathy," in connection with which three text-books are named.

If osteopathy be a new, independent and complete system in itself, and is not the practice of medicine as generally understood, why do their students require to study all these books? The whole thing looks very much to me like a game of "Heads I win, Tails you lose."

Is chiropractic the same thing as osteopathy? The adherents of each claim it is not. Chiropractic appears to me to be a concentrated and simplified form of whatever is original about osteopathy and, therefore, with certain types of mind, that much more potent as sometimes simplicity is the soul of humbug as it is said to be of wit.

Just at present our Legislature is dealing with a very difficult problem, viz., "The Workmen's Compensation Act."

If osteopathic displacements and chiropractic subluxations are to be recognized by law, I venture to say that the administration of this Act will be made much more difficult and less satisfactory to all concerned.

To facilitate discussion, and without attempting to commit this meeting to their adoption, I would from my examination of this subject suggest the following conclusions:—

(1) The time has come when it would be to the best interest of all concerned for the homeopathic practitioners in this Pro-

vince to give up their special representation in the Council, and every legitimate pressure should be brought to bear to induce them to do this. Aside from this special representation they would be deprived of no rights which they now possess. If there should be a sufficient revival in homeopathy to warrant the establishment of a Homeopathic College which would come up to the requirements of the Council, this College would have a representative.

(2) No college or university should be represented which is not engaged in the teaching of medicine.

(3) Providing the above alterations are made, it would be well to make the reduction in territorial representatives as proposed.

(4) While every encouragement should be given to specialism, post-graduate study, and the acquisition of post-graduate degrees of real merit, we should look with suspicion on any attempt made to curtail by law the field of action of the general practitioner once he has obtained his license.

(5) All licentiates should be made to pass the same examinations and come up to the same standard. This standard should be a knowledge, practical as well as theoretical, of the prevailing practice of the day as taught in the best medical schools of this and other lands. No special arrangements should be made for sectarians. We might take in the osteopaths to-day and the Christian scientists to-morrow. We would still have the chiropractics and advocates of gas-pipe therapy on the one hand and the seventh son of the seventh son and various varieties of peculiar people on the other. If after receiving his license a practitioner wishes to announce himself as an adherent of any particular system, the Council should have nothing to say about it. Article 33, part 2 of the present Act appears to make provision for this in the following words: "The name of a person shall not be erased under this section on account of his adopting or refraining from adopting the practice of any particular theory of medicine or surgery."

(6) The law should be more definite as to what constitutes the practice of medicine. It is time for a frank understanding between the profession and the Legislature as to what are our duties, as well as our rights and privileges. The fundamental justification for the existence of the Medical Council is the public welfare. If the representatives of the people come to the conclusion that there should be no restriction as to who should engage in what is generally understood to be the practice of medicine—

why so be it. We shall then know where we are. If they decide that those who wish to practise medicine must conform to the requirements of the Medical Council, then those who conform to these requirements should be protected by law, and I believe I voice the sentiment of the great majority of the profession when I say we want no privileges nor protection disproportionate to our responsibilities.

(7) Whatever the outcome of the findings of the Commission and the action of the Legislature, I believe the law should be such that its administration can be left in the hands of public officials. We should not have to act as police in order to protect our rights any more than the manufacturer should be expected to keep private detectives to prevent smuggling. Any fines collected for violation of the Medical Act should go into the public coffers, and not into the hands of the Medical Council. Violators of the Act should be made to realize that they are defying the laws of the land, and not merely disregarding the rules of a corporation.

Note.—Those interested in this subject will find a great deal of information in a small book entitled "Laws (abstract) and Board Rulings regulating the Practice of Medicine in the United States and Elsewhere," published by the American Medical Association, 535 Dearborn Avenue, Chicago. Price thirty cents.

CHIROPRACTORS

To meet the efforts being made by the chiropractors to secure a charter to enable them to open a college for instruction, the Ontario College of Physicians and Surgeons, through a number of leading representatives, waited upon Hon. W. J. Hanna recently with a request that the charter be refused.

Included in the deputation were Dr. James McArthur, of London, President of the College; Dr. C. K. Clarke, of Toronto General Hospital; Dr. J. S. Hart, Dr. A. J. Johnson, Dr. E. E. King and Dr. Griffith, of Hamilton. H. S. Osler, K.C., appeared for the college as counsel, while the chiropractors were represented by A. Grier.

The objections of the doctors to anything that would give official approval to the chiropractors were voiced in detail. Hon. Mr. Hanna followed closely the arguments pro and con, but did not intimate what action the Government would take. The Government, he said, would give the matter very earnest consideration before taking action one way or the other.

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COMMENT FROM MONTH TO MONTH

Typhoid Inoculation was carried out with marked success in the first Canadian Expeditionary Force while in camp at Valcartier.

The serum employed was prepared in the laboratory of the Ontario Board of Health, was donated by the province, and was so made up that one cubic centimeter equalled five hundred million bacteria. A second dose of a million bacteria was administered in ten days.

To do this required about forty-five thousand injections, and it speaks volumes for inoculation and the technique employed that no cases of severe constitutional reactions were reported and no infected arms, although during wet and cold weather the reactions were more pronounced than in dry and warm weather.

The technic was simple. First, an application of tincture of iodine was made, and then the injection.

Skilled men were employed in this work: Dr. Chas. A. Hodgetts, Medical Adviser to the Canadian Conservation Commission;

Dr. T. A. Lomer, M.O.H., Ottawa; Dr. Campbell Laidlaw, Pathologist, Ottawa; Dr. Harry Morell, Pathologist, Regina General Hospital; Dr. R. Woodhouse, M.O.H., Port Arthur, Ont.

Sir Almroth E. Wright has recently put the case for typhoid inoculation. In the *Times*, London, England, he advocated compulsion for this measure.

To those who may still hold a blind prejudice against inoculation of any kind, the statistics quoted by Sir Almroth will exert some educational benefit. The facts are incontrovertible. The utility and value of the measure have been abundantly substantiated.

To take three comparisons:

In the Spanish-American war of 1898, in the Jacksonville Camp, of 11,000 non-inoculated men, 1,750 had typhoid and 248 died. In the mobilization of United States troops on the Mexican frontier in 1911, there were 13,000, all inoculated—there was only one non-fatal case of typhoid fever. Again, in the United States Army in 1909 there were 84,000 men—1,900 inoculated. Typhoid fever claimed 22 by death out of a total morbidity of 282 cases. In 1903 the U. S. Army had risen to 91,000, all inoculated. In that year there were three non-fatal cases of typhoid.

The third case cited by Sir Almroth was that of the British Army in India. Of the 70,000 men it contained in 1897, not one was inoculated. The result was 2,050 cases of typhoid with 556 deaths. By 1912 ninety per cent. of the Army in India, equal to 71,000 men, were inoculated. The cases numbered 118 and the deaths 26.

No intelligent man, at least he going to the front, would reject this simple preventive measure whose proved worth has been so abundantly sustained. Indeed, in the face of such overwhelming proof no soldier should be allowed to reject it.

The Handling of Bread, upon frequent occasions during a decade, has been dealt with in these pages.

From time to time in the past few years it has been noticed that gradually cities and towns, in some cases even villages, in the

United States, have adopted municipal ordinances or board-of-health regulations compelling protection by wrappers, or otherwise, of all bread and bakery products between the manufactory and the kitchen.

This staple article of diet is possibly the only one which now comes into our homes, which is not further treated before placed upon the table for consumption.

An occasional loaf may be seen in Canada, partly wrapped, but so far, no board of health appears to have regulated towards the sanitary measure of wrapping. And yet one only requires to be an ordinary observer of the bread wagon and the route to see that even a delivery man is not all that he should be in the way of cleanly habits.

It has now been definitely determined wrapping does not affect quality and palatability. There is no injury to a loaf so hygienically treated.

Clean milk is the prime requisite as regards that product—why not clean bread?

Bakers and drivers are but human, and so long as the public does not care, why should they worry.

It is indelicate and a breach of fine table manners to hand a slice of bread, even though it be from the beautiful hand of a fair hostess or other lady. But we seem to care nothing as to how many times and by how many hands—and what hands sometimes!—the loaf has been manipulated ere it comes to the table.

Toronto's health department, and other civic health departments in Canada are abreast of the times, and in some cases well ahead of some American cities, but in the matter of the sanitary wrapping of bakers' bread they are behind even some villages in the United States.

Editorial Notes

SCHOOL INSPECTION ACT

The new code of regulations for the medical inspection has been printed and embodied in a new book issued to-day by the Department of Education for Ontario, which contains the regulations for the course of study and examinations for the Public and Separate schools of the province.

Organization of Boards.

Where provision has been made for free medical treatment for the pupils whose parents are unable to pay, one school board or a number of school boards, acting together, may, on the approval of the Minister of Education, adopt a system of school medical inspection, with power to appoint a school medical inspection committee representing all the boards.

Qualifications of Staffs.

The school board or committee representing the boards must appoint a qualified medical practitioner of not less than two years' experience in his profession. Power is given with the consent of the Minister of Education and the Provincial Secretary, to create the medical health officer of the district, the board's medical inspector; or

One or more nurses, graduates of a reputable training school, with not less than two years' experience in nursing.

The medical inspector is subject to the school inspector or principal.

Inspection.

The Act makes medical inspection compulsory in rural school sections once every three months, in villages once a month, in towns once every two weeks, in cities once a week.

Where the parent or guardian neglects to comply, the school board may take such action as is deemed expedient.

Examination of Pupils.

A complete physical examination must be made of every pupil as soon after his admittance to the Public school as possible, con-

sisting of head, eyes, ears, nose, throat, teeth and cervical glands, of the heart, lungs, spine and joints, and of the skin of the face, neck and hands. The testing of sight and hearing. The examination of heart and lungs may be superficial except in special cases, and then only by permission or in the presence of the parent or guardian. The presence or absence of vaccination marks must also be recorded.

The school medical officer shall make a classroom examination of every pupil at least once every half-year as to the condition of mouth, throat, teeth, eyes, ears, skin of the face, neck and hands. The parent is to receive notice of the condition of the pupil, and must have case attended to.

Where a teacher or janitor is deemed by the school medical officer to endanger the health of the pupils, the board may order a physical examination of the teacher or janitor and exclude them from the school until they present to the school inspector a certificate from the medical school officer as to his physical fitness for duty.

Nurses may visit the pupils' homes and confer with parents, but must keep a written record of these visits.

First Aid.

In cases of emergency a school medical officer or nurse may render first aid, but not prescribe. The school medical officer must confer on sanitary conditions of the school.

The school inspector shall also assist in organizing the special classes and preparing the syllabuses authorized for sub-normal pupils.

Medical school officers must report either to their chief or the school board at least once a month, and a general report regarding the health of all children and conditions, including home environment, shall be made at the close of the year.

The duties for school nurses appointed in lieu of school medical officers are subject to the same regulations as the medical men.

DOCTORS WITH THE CANADIAN TROOPS

Among the Canadian physicians and surgeons who are on active service with the troops at Valcartier are:

From Toronto—Lieut.-Col. D. W. McPherson, D.A.D.M.S., 2nd Division.

No. X Field Ambulance—O. C., Major W. B. Hendry, Lieuts. H. L. Jackes and A. S. Lawson.

No. XI Field Ambulance—O. C., Major C. J. Currie, Major E. B. Hardy; Captains H. R. Holme, J. H. Wood, W. L. C. McBeth and H. Orr.

No. XIII Cavalry Field Ambulance—O. C., Major Wallace Scott and Captains R. S. Pentecost, G. R. Philp and N. J. L. Yellowlees, and Lieut. W. T. H. McLean.

From Hamilton—Nos. XII and XIX Field Ambulances are under command respectively of Major G. D. Farmer and Major J. E. Davey.

From London—No. XV Field Ambulance—O. C., Major E. G. Davis.

From Sarnia—No. XIV Field Ambulance—O. C., Major D. B. Bentley.

No. 1 Field Ambulance is in command of Lieut.-Colonel D. W. McPherson, with the following officers: Major W. Scott, Captain P. K. Menzies, Captain J. C. Calhoun, Captain P. G. Brown, Captain G. Hyland, Captain W. H. Fox, Lieutenant T. H. McKillip, Lieutenant H. B. Jeffs, Lieutenant O. J. C. Withrow.

No. 1 Clearing Hospital—The officers are: Captain C. E. Cole and Captain G. W. O. Dowsley.

No. 1 Stationary Hospital is in command of Major D. B. Bentley, with the following officers: Captain W. H. Tytler, Captain W. Bethune, Captain J. J. Fraser, Captain W. A. Burgess, Captain S. Ellis, Lieutenant J. N. Stewart, Lieutenant F. S. Ruttan, Lieutenant G. Stewart.

No. 1 General Hospital is in command of Major E. B. Hardy, with the following officers: Captain R. H. Nicholls, Q.M., Captain R. S. Pentecost, Captain G. R. Philp, Captain W. L. C. McBeth, Captain J. H. Wood, Lieutenant F. S. Burke, Lieut. G. C. Gliddon.