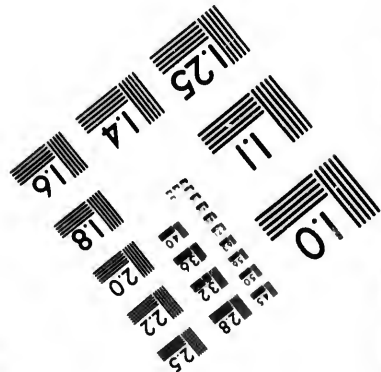
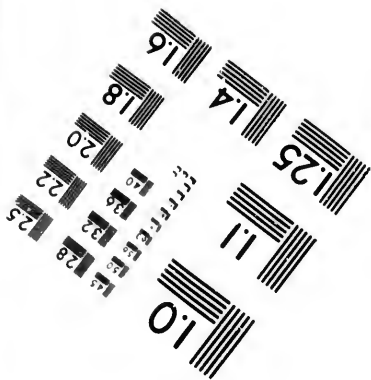
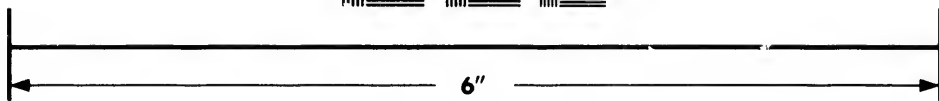
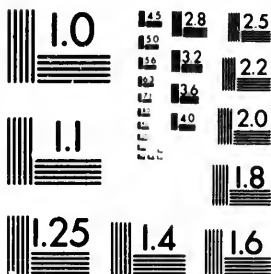


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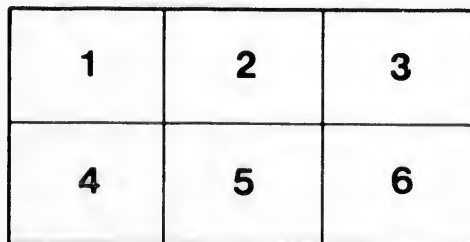
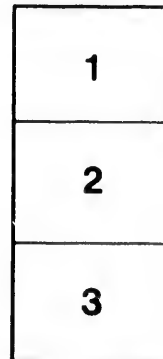
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NOTES

ON

Medical Legislation

IN

British Columbia

BY

MARK S. WADE, M. D., F. C. S.

1890

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Notes on Medical Legislation

— IN —

BRITISH COLUMBIA.

Herbert Spencer, in his "Data of Ethics," teaches that the greatest good for the greatest number is of more importance than the greatest good for the individual; that before the claims of the unit come those of the nation; if the two work harmoniously, so much the better, but in any case the nation demands the prior consideration.

One of the chief duties and desires of a people is to keep itself in a good condition of health, mental and physical, the same desire also obtains with individuals; the two factors can work harmoniously on this point.

So strong is the desire for health and strength (and man is so abundantly endowed with pity and sympathy), that the necessity for taking care of the sick, relieving their pains, healing their wounds, and averting for a time the hand of death, brought into being at an early period of the world's history, a distinct calling, or profession, now represented by the every-day medical practitioner.

The same desire on the part of the nation has resulted in the various legislative bodies enacting laws for the purpose of improving the hygienic surroundings of the people they govern, as witness in this connection the laws compelling vaccination, the removal of sewage, the isolation of cases of infectious disease, the sanitary arrangements of dwellings, the appointing inspectors of nuisances and officers of health, the establishment of quarantine stations, etc., all having in view the prevention of disease; all practical illustrations of the desire of various peoples to be in a healthy condition. To ensure proper care for the sick and injured, laws have been passed regulating the practice of medicine and surgery.

That the latter laws are absolutely necessary is beyond question, since it must be conceded that a proper degree of training is essential to enable any individual to successfully and intelligently cope with disease, even in its simplest

forms; and how can the people be assured that those declaring themselves as physicians and surgeons are duly trained and educated, unless the governing body of their country requires that those desiring to practice as doctors shall comply with certain regulations, sufficiently stringent to necessitate diligent study and practical training? The greater number of the ruling bodies in the civilized world have recognized the advisability of protecting in this way the peoples under their care, and have attempted to confine the legal practice of the healing art to those qualified by years of patient observation, and unremitting application to the study of their chosen profession. Among the countries so protected are *Italy*, where to practice legally, the M. D. degree must be taken at an Italian university; *France*, where either the qualification of "Officier de Sante," or the doctorate from one of the medical faculties (Paris, Montpellier, Lyons, Bordeaux, Nancy, or Lille), must be procured; *Germany*, a rigid state examination must be passed; *Austria*, which demands that the M. D. examination of an Austrian university be passed, and also requires the aspirant to become an Austrian subject. *Russia*, requiring the examination for *Vratch* to be passed; *Holland*, *Denmark*, *Sweden*, and *Normay*, all demand that a searching state examination be passed at a university; *Portugal*, where a state examination must be passed at one of the medical schools; *Switzerland*, a severe examination at a university; *Greece*, demands an examination; *Roumania*, is content with a *visa voce*; *Turkey*, requires an examination; *Belgium*, where an examination before a Board of Examiners is demanded of all not M.D.'s. of Ghent or Liege; *Chile*, *Brazil*, the *Argentine Republic*, examinations must be submitted to.

In addition to the above named foreign countries, most of the British dependencies and Colonies require some guarantee from the applicant for permission to practice. Ontario, Quebec, New Brunswick, Manitoba, Prince Edward Island, Tasmania, Australia, Cape of Good Hope, Natal, St. Vincent, Trinidad, Jamaica, Barbadoes, British Guiana, and Hong Kong, all have medical boards; while to practice in Gibraltar, Fiji, New Zealand, North-West Territories, St. Lucia, Grenada, and Bermuda, application must be made to the Governor or other official.

Previous to 1886, doctors desiring to be registered in British Columbia were required only to produce their diplomas (to the Provincial Secretary,) together with a

declaration made before a J. P. that the applicant was the person named in the diploma, etc., and to pay a fee of \$10. At a later period these requirements were deemed insufficient, and to render more difficult the ingress of incompetent practitioners, and to secure for the people a medical service of the greatest possible efficiency, in 1886 an act was passed by the B. C. legislature, creating a medical council for the Province, and providing certain rules and regulations for the guidance of that body. By this new law an applicant for admission to the Register was (1) to have a diploma, (2) to pass an examination before the Medical Council, and (3) to pay a registration fee of \$10; the medical council fixed the examination fee at \$100 (much too high: the \$10 would be ample), and required the candidate to submit to an examination in anatomy, physiology, pathology, chemistry, materia medica, obstetrics, medicine and surgery. This law thus rendered it absolutely impossible for a person ignorant of the fundamentals of medicine and surgery to obtain a licence to practice in the Province. The fact of having to submit to a tolerably searching examination, cut off all hope from those who held bogus diplomas, and from those whose medical education was rather a name than a fact; quacks of all kinds were excluded from legal practice, and as power was given the Medical Council to proceed against those illegally posing as physicians and surgeons, the Province was as well protected as could be desired by the most exacting. This law not only afforded a sort of guarantee to the public, that those licensed to practice had the right conferred by knowledge to do so, but it also protected the profession, not, as some have maintained, by raising obstacles to prevent the incoming of other medical men; the protection came from the exclusion of quacks, who would, if permitted to practice, secure a goodly proportion of fees that ought in strict justice go to support those entitled by education and training to follow the healing art. Man is very gullible, and, like the Athenian of old, is always on the lookout for 'some new thing'; but for this trait, quacks and quackery would speedily perish.

For a time the act worked well. Then occurred a most remarkable circumstance. A Bill was introduced, debated upon, and actually became law (1889) whereby the *sodisant* "doctors," styling themselves "homeopaths," were allowed to register as practitioners in British Columbia without being subject to the jurisdiction of the Medical Council, created only three years previously by the self-same set of

law makers! All the homœopath has to do is to present his diploma and pay the \$10 registration fee, and he can practise to his heart's content, and no one can say him nay. The graduates of the chief seats of medical learning are still obliged to submit to the Council's examination (and pay \$100 for the privilege) but the homœopathic charlatan is not required to pass the ordeal. A more insulting piece of legislation could not be devised; in itself ridiculous, it made the legislature, nay, the Province, appear imbecile in the eyes of the civilized world. To prefer the professed disciple of an unreasoning empiricism, to the educated, scientific physician, untrammelled by any prescribed system of therapeutics! The idea is extremely so preposterous that it is scarcely credible.

No reason was given why the homœopath should be exempt from the regulations to which the regular doctor has to submit. Beat about the bush as they may, the supporters of that amendment (save the mark!) act are fully aware that no satisfactory reason *can* be given. It was proposed that the homœopath pass an examination on those subjects common to all schools, but be exempt from the examinations on Materia Medica and Medicine. (California has the same end in view) The main points of a proposed law regulating the practice of medicine in that State are these. There is to be only Board of Examiners, appointed by the Governor; the board to meet quarterly, and examine applicants in Anatomy, Physiology, Chemistry, Pathology, Toxicology, Surgery, and Mechanical Obstetrics; an applicant must hold a diploma. "In this way differences between the several schools of practice can be successfully met, *as there can be no doubt that every properly qualified medical practitioner of whatever school, should be equally well versed in the above mentioned branches, and if he passes a successful examination in these, and has a diploma, the certificate of the board may be safely given him.*"—Extract from Preface 4th Edition Official Register of Physicians and Surgeons in State of California, 1889. Note well the portion in italics (the italics are mine). The proposal failed to meet with the approval of our legislators, and the homœopath came off victorious, and with all due solemnity the Bill became an Act, which is now the law, and while the graduate of McGill, Trinity, Toronto, Victoria (Ont.), Harvard, California, Yale, Bellevue, Berlin, Paris, Vienna, and the other leading Universities (excepting those of Great Britain) has to pay the \$100 fee, and pass the

Medical Council's Examination, the holder of a Diploma from some obscure Hahnemann College (*not* a university or college, but merely a machine expressly made for turning out homœopathic "doctors") shows his valuable (?) document, pays \$10, and, laughing in his sleeve, sees his name enrolled on the register of medical men licensed to practise in British Columbia. What a farce! What an outrage on common sense and common fairness!

It is indeed most puzzling to discover why the Amendment Act was ever mooted, and why it was not immediately "sat upon" when the audacious introducer first presented it to the House. The ways of politicians are something like those of Bret Harte's "Heathen Chinee," and whatever our opinions might be had such a contretemps occurred elsewhere, being in a British country, with the Queen's loyal subjects, honorable members to boot, as the law makers, we must suppose the pressure of public business was so great that the gentlemen had no time to enquire into the measure (being in profound ignorance of its meaning), and as the readiest means of getting rid of it, passed the Bill.

Unfortunately, the Medical Act of 1886 was not so perfect a protection as its framers supposed was the case. By Clause 30 of the Medical Act as it appears in the 1885 Consolidated Statutes, any person registered in Great Britain as a medical practitioner, may claim admission to the British Columbia Register on paying \$10 and producing certificate of registration aforesaid. Practically the doctor with British qualifications is favored similarly to the homœopath. Clause 30 is as unjust and unfair to the Canadian graduate, as is the "Homœopathic Act."

It does not follow because a doctor appends M.R.C.S., L.R.C.P., L.S.A., etc., to his name, that he possesses more skill than those practitioners who affix the simpler and less ostentatious looking M. D. All that these qualifications denote is that the holder has conformed to certain rules, and passed stated examinations demanding the acquirement of a certain amount of knowledge. And as for the standard being a high one, why, there are many foreign colleges and universities, whose examinations and requirements of candidates, are infinitely more difficult and stringent than those of any of the licensing corporations of Great Britain. I am not decrying the value of British qualifications; I simply desire to disabuse the popular mind of the erroneous notion

that they are superior to all others. There are in England, at the present time, dozens of men without any diplomas at all, acting as assistants to M.R.C.S.'s and L.R.C.P.'s., who know far more than their principals.

I admit that British qualifications rank high, but it is just as true that the M. D. degree of Canadian, and of many foreign universities, should occupy a position of equal merit. Every M. R. C. S., etc., is not a paragon of wisdom; nor is every other doctor his inferior in skill, learning and practical worth at the bedside of the sick. Many a practitioner, with qualifications from Edinburgh, Dublin, or London, could with undoubted advantage to himself (and his patients) receive instructions from the M. D.'s of institutions which are not situated in Great Britain, and why the invidious distinction should be made, is almost as great a riddle as the passing of the above mentioned act admitting the 'homœopaths.'

Does the graduate in medicine of a Canadian university deserve any honor? or are these institutions mere shams, and their graduates unworthy of respect? Are the diplomas granted by the *universities* of our Dominion to be considered inferior to the licenses issued by the medical and surgical *corporations* of England, Scotland and Ireland? If they be so considered, then better at once to close up our universities; forbid them conferring degrees; since the highest seats of learning in Canada, among whose professors are some in the foremost rank of learned scientists and profound scholars of the age, are so belittled, deemed of so poor utility, esteemed at so low a value. If, on the other hand, the Canadian *university degree* be valued at its true worth, then at once put the holder of a Royal College *licence* in his proper place, and compel him to conform to the same rules that govern the Canadian and other university graduates in medicine and surgery.

A complete revision of the law seems necessary; let it be done at once, but, for conscience' sake, let it be done thoroughly; either open the portals to legal medical practice freely to every one, or make them *all* pass under the same rod; let no exceptions whatever be made.

I understand there are some homœopaths practising in the Province, and what I said regarding homœopathy and homœopaths generally, may meet with their disapproval, and that of their friends also. To further strengthen the

opinions I have expressed in that connection, I will call upon other sources for corroboration.

Dr. T. Lander Brunton, than whom a more erudite therapist does not exist, nor has ever graced this world with his presence, says in the preface (pp. xii, xiii), to his incomparable work on pharmacology, therapeutics, and materia medica: "It is not the use of a single drug at a time, of a small dose, of a globule, nor even, as we have already seen, of a drug which may produce symptoms similar to those of the disease, that constitutes homœopathy. The essence of homœopathy as established by Hahnemann, lies in the infinitesimal dose and the universal application of the rule *similia similibus curantur*. But the infinitesimal doses are so absurd that I believe they have been discarded by many homœopaths. To such men all that remains of homœopathy is the universality of the rule *similia similibus curantur*, and the only difference between them and rational practitioners lies in the fact that the latter regard the rule as only of partial application. At a first sight this difference may seem to be only slight, but it is not so in reality; for while the rational practitioner, refusing to be bound by any 'pathy,' whether it be allopathy, anti-pathy, or homœopathy, seeks to trace each symptom back to the pathological change which caused it, and, by a knowledge of the action of drugs on each tissue and organ of the body, to counteract these pathological changes, the homœopath professes to be in possession of a rule which will enable him to select the proper remedy in each case by a consideration of the symptoms, without reference to the pathological condition. He may thus dispense with anatomy, physiology, pathology, and pharmacology. All that is necessary is a list of morbid symptoms on the one hand, and a list of the symptoms produced in healthy men by various drugs on the other. 'It is the falsity of the claim which homœopathy makes to be in possession, if not of the universal panacea, at least of the only true rule of practice, that makes homœopathy a system of quackery; yet this arrogant claim constitutes the essence of the system, and the man who, leaving Hahnemann and going back to Hippocrates, regards the rule *similia similibus curantur* as only of partial and not of universal application, has no longer any right to call himself a homœopath. Yet we hear some leading homœopaths say: 'We do not claim any exclusiveness for our method,' and then com-

"plain that they are excommunicated by the medical
 "profession. If they have renounced the errors of Hahne-
 "man's system, they ought not to retain its name, but
 "frankly acknowledge their error and return to rational
 "medicine, of which Hippocrates is regarded as the father.
 "As a medical man is bound to do his utmost for the good
 "of his patient, it is obvious that, although he may employ
 "baths or packs as a mode of treatment, he cannot, without
 "becoming untrue to his profession, throw aside all other
 "means of treatment and become a hydropath; nor can he
 "consult on equal terms with those who, either through
 "ignorance or wilful blindness, deny the use of other means
 "of cure and limit themselves to the application of water.
 "What is true of hydropathy is true of homœopathy."

The above excerpt is so good, containing as it does the whole matter in a nutshell, that I have copied it as it stands.

I cannot refrain from transcribing from the same work, a reference made by the author to infinitesimal dosage. "If a patient was being treated with *carbo vegetabilis* (vegetable charcoal) in the thirtieth dilution, the utmost care was necessary in regard to his diet, for it happened to eat a single piece of burned toast at breakfast, he would consume at the one meal as much vegetable charcoal as would, when properly diluted, have served him for medicine during the remainder of his natural life." This extract has no bearing on the subject in hand; it is inserted simply for the amusement it may afford.

Yet as the friends of homœopathy may not attach due weight to Dr. Brunton's logic, I turn to homœopaths to render me assistance, and I find it an unlooked for quarter.

The *New York Medical Times* sent the following letter to Hon. Geo. C. Barrett, Judge of the Supreme Court, &c.

MARCH 11TH, 1889.

"SIR,—In behalf of our readers, will you kindly give us your opinion upon the following question:—"

"Has a physician designating himself a 'Homœop-
 "thist,' and called as such to a patient, any legal or moral
 "right to adopt other than homœopathic means in the treat-
 "ment of the case?"

Respectfully yours,
 THE EDITORS.

Came the following reply.

"To the Editors of the *New York Medical Times* :

"NEW YORK, MARCH 13TH, 1889.

"GENTLEMEN,—I have your note of the 11th inst., asking my opinion upon a question of professional ethics. In my judgment there can be but one answer to your question, and that is in the negative. If I call in a medical man who designates himself a 'homœopathic physician,' it is because I do not wish to be treated allopathically, or eclectically, or otherwise than homœopathically. There is an implied understanding between myself and the homœopathist, that I shall receive the treatment which, by tradition and a general consensus of opinion, means small doses of a single drug administered upon the principle of '*similia similibus curentur*.' If there is to be any variations from that method, I have a right to be informed of it and to be given an opportunity to decide. Common honesty demands that before a confiding patient is to be drugged with quinine, iron, morphine or other medicaments, either singly or in combination, he should be told that the 'Homœopathist' has failed, and that relief can only be afforded by a change of system. A 'Homœopath' who has not succeeded, after doing his best with the appropriate homœopathic remedies administered on homœopathic principles, should undoubtedly try anything else which he believes may save or relieve his patient. But when he reaches that point, the duty of taking the patient into his confidence becomes imperative. The patient may refuse to submit to the other system, or he may agree, but prefer a physician whose life has been specially devoted to practice under that other system. He may say to the 'Homœopathist,' you have failed, but I prefer to try another gentleman of your own school before resorting to a system that I have long since turned my back upon. Or he may say, well, homœopathy can not save me, I prefer to go to headquarters for allopathic treatment.

"All this, gentlemen, is the logical sequence of the particular designation 'Homœopathist.' There may, of course, be gentlemen who in a general way favor the principle of small doses and '*similia similibus curentur*,' to whom it would not apply. But such a physician would not stamp his school upon his work as a practitioner. If I call in such a man, I mean a physician pure and simple—calling himself neither homœopathist nor allopathist—the implied understanding is that I entrust myself to his best judgment in all respects.

"Such a man may be a graduate of the College of Physicians and Surgeons, and I will have no cause of complaint should he in an exigency deem it appropriate to administer the third potency of aconite, or he may be a graduate of a college founded under homœopathic auspices, and yet I can not object if he thinks the occasion demands twenty grains of quinine. But if a physician calls himself allopathic and is summoned as such, it would be a fraud to resort to homœopathic treatment without full disclosure to the patient of what was proposed. If, however, we are to have a class of men who purpose, in the interest of humanity, to utilize the best that they can find in any and every school, 'pathist,' as a designation of fixed methods of practice must be ignored, and the broad and noble title 'physician,' in its unreserved sense, be revived and substituted.

"The patient will understand, when he sends for one of this class, that he is to have the physician's best judgment in the unprejudiced use of the ripest fruits of modern discovery in every field. I see that I have done more than simply answer your question. But I am sure you will pardon a layman for taking advantage of the occasion to intimate the need of greater clearness of professional attitude—both as a matter of justice to the patient and and as due to the integrity of the physician.

"Respectfully yours,

"GEO. C. BARRETT."

The above correspondence appeared in the *New York Medical Times* for April, 1889. Now, when it is understood that that periodical is the homœopath's organ, the significance of their comments on the opinion of this eminent jurist will be apparent. Homœopaths condemn all methods of treatment other than their own; but note the confession the *Times* makes; it expresses surprise when it realizes the "actual position of those who call themselves homœopaths, and practise everything else beside homœopathy as well." Not a very creditable confession! The *Times* also says: "Hereafter, practitioners will have to adhere to that mode of practice which they claim to represent, or else perhaps lose their fees; and be liable to action for malpractice into the bargain. *There is no doubt* (note this well; the italics are mine) "*that ninety-nine out of a hundred of those who call themselves homœopathists practice medicine in the light of the present, and do not confine themselves to the use of small*

loses in accordance with *similia similibus curentur*. In view of this opinion of Judge Barrett, practitioners who do not confine themselves strictly to the homœopathic method, are unsafe in calling themselves homœopathic physicians! And, "none excepting those who absolutely confine themselves to the homœopathic mode, have a right to designate themselves other than as physicians!" Commenting on this very audacious confession of the deceptions prevalent among homœopathists, the *Pacific Medical Journal* (June, 1889) says:—"Such expressions from the headquarters of homœopathy are astonishing. They are true, absolutely true, but they are at the same time admissions of guilt. They amount to a confession that this class of practitioners have been and are daily practising deception upon a credulous public. It is true that many of the remedies employed by the regular physicians are mentioned in their works on practice and therapeutics, but it is just as true that the people among whom they ply their vocation are not aware of this fact. Their brilliant successes are never set down to the credit of any but homœopathic remedies. Regular physicians have always contended that homœopathy owed little or none of its success to homœopathic remedies and methods, but never before have they received so open a confession as that made by the editors of the *New York Medical Times*." The *Pacific Medical Journal* suggests that "these men tear down their signs, proclaim themselves *physicians*, and study and practise medicine in its true sense." "We cannot hope utterly to annihilate the evil. As long as there are fools on earth, just so long will quackery in some form have an influence. But take from quackery its apparent mystery, and it at once loses many of its charms. Inform the public that homœopathists not only employ our remedies, but employ them unattenuated, and the beautiful phantom vanishes. The editors of the *Times* have removed the keystone from the arch."

To sum up, then. By the confession of the leading homœopathic journal nearly every one calling himself a homœopath is guilty of fraud and deceit; from what I have quoted from Dr. Brunton's pen, it will readily be seen by the unprejudiced, that those who adhere closely to homœopathic rules, are guilty of quackery; hence it follows from these premises that, as a class, homœopathists are either frauds or quacks. And yet such are more favored by the B. C. legislators than the most earnest student of regular medicine. Truly an age of progress and enlightenment!

This unfairness is a blot on the escutcheon of the Province; the legal admission of homœopaths is a stain on progressive civilization; both blot and stain must be erased by prompt and unmistakable action on the part of the legislators. "See ye to it." After this exposition of the subject, there can be no longer the plea of ignorance as a shield; nor can the matter be thought of small import, since the action of the majority of governments shows that it is almost unanimously considered worthy of grave attention.

Such a physician as Judge Barrett describes in the last sentence of the second paragraph, and the first of the concluding one, is the every-day modern doctor. No one now dreams of calling himself an 'allopath'; those who use that termination 'path' as a designation of a special method or system of practice, are neither more nor less than common charlatans. The modern medical man recognizes no rule of thumb system; any remedy, of whatever nature or source, that is found to meet the exigencies of a case, is used as a therapeutic measure by him. Every drug used has a certain definite action on the tissues and organs of the human body; possessing a knowledge of these actions, the practitioner prescribes intelligently; without a knowledge of them the doctor is working in the dark and by guess work; or, by a rule of thumb method, as the homœopath doses his patients. One of the benefits of the 1886 act was that by the medical council it would be discovered whether the applicant for a license possessed this and other necessary learning.

I have endeavored to show that the necessity for legislation regulating the practice of medicine, is demonstrated by its universality among civilized peoples: that the British Columbia Medical Act of 1886 was a benefit to the people of this province: that Clause 30 of Medical Act, Consolidated Statutes, and the "Homœopath Act of '89 are unfair and unjust to all medical practitioners: that those members who voted for the "Homœopath" Bill were culpable of neglecting the best interests of their constituents and the welfare of the Province, and evinced a lack of common sense and good judgment: that the present medical laws need revision: that two methods of procedure are available to correct the injustice, one being to do away with all existing regulations, the other being the upholding and strengthening of the original Medical Act of 1886. Having done this, I prepare to lay aside my pen, expressing the hope, as I do so, that those members who were intelligent

enough to vote against the "Hœœopath Act," will also see the injustice of Clause 30 already mentioned, and that those other members who failed to perceive the injustice they were instrumental in producing, will see the error of their ways, and take the earliest opportunity to set themselves right in the eyes of the people of British Columbia by repealing the measure they supported last session.

In conclusion, I wish to say that I issue this pamphlet on my own responsibility and at my own expense. Neither the medical council, nor any other member of the medical profession, has any connection with it; but I know full well that my words are an expression of their thoughts. I see no one else taking any action in the matter; common justice demands that something be done; and whether the public or the profession appreciate my effort or not, I am determined to do my share towards the correction of the evils complained of.

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