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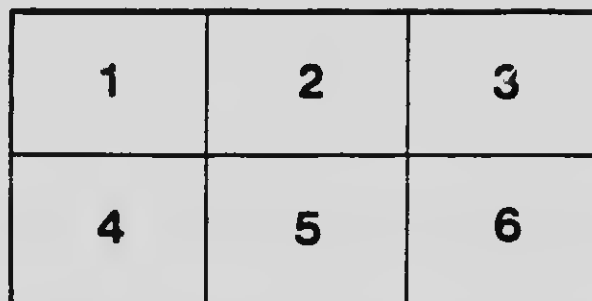
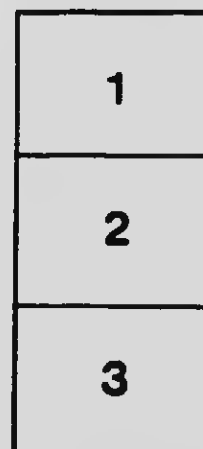
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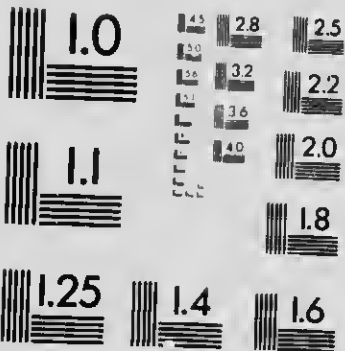
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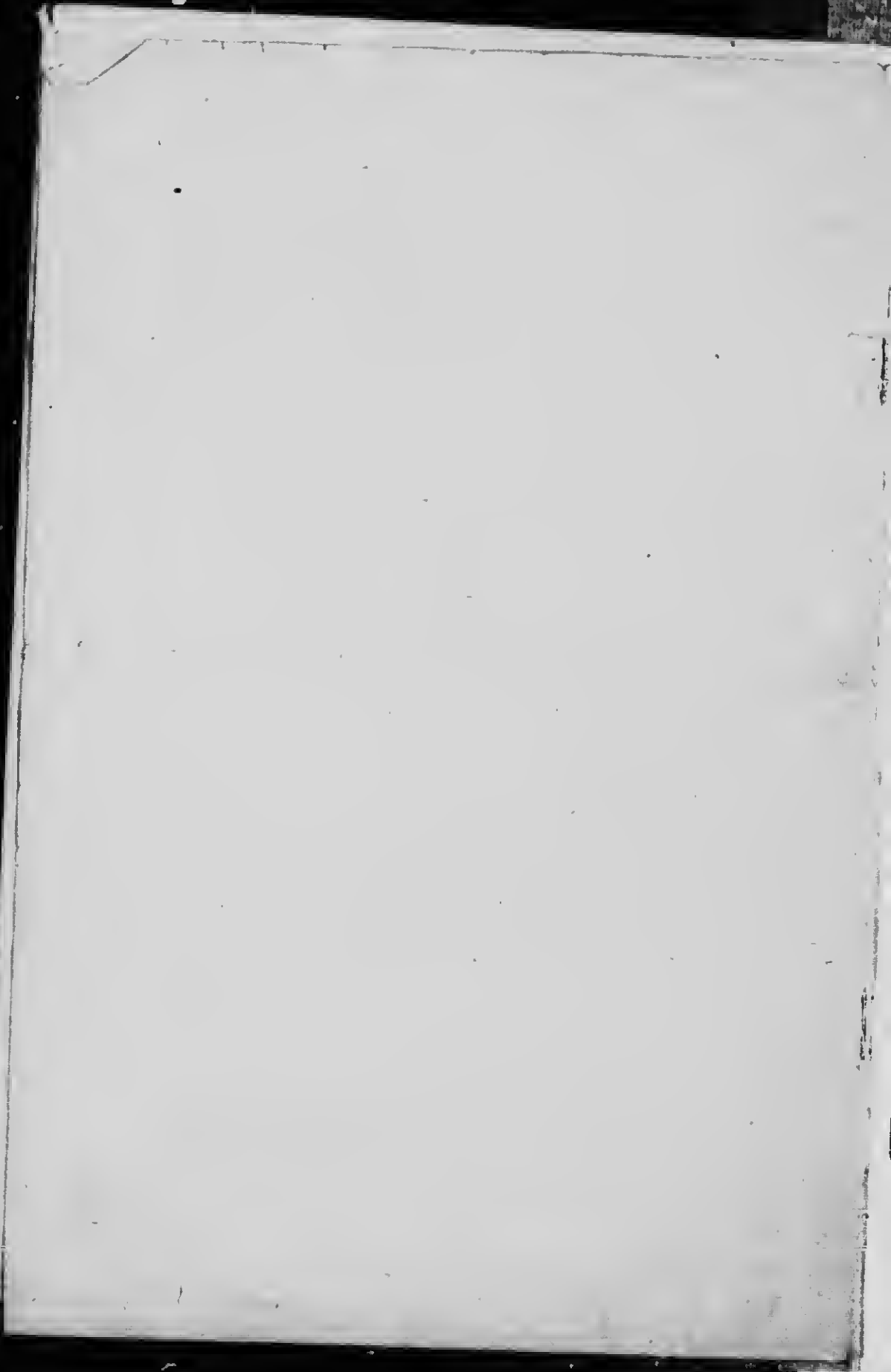
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REPORT OF THE
**Ontario Medical
Association**
ON JUDGE HODGINS' REPORT ON
Medical Education



TORONTO
I. H. BEST PRINTING COMPANY LIMITED,
200-206 ADELAIDE STREET WEST

REPORT OF THE
ONTARIO MEDICAL ASSOCIATION
ON
JUDGE HODGINS' REPORT
ON
MEDICAL EDUCATION

The Ontario Medical Association is a voluntary organization, now in its thirty-eighth year, and representative of the best ideals of the medical profession in ethics, practice and education. It includes in its membership the vast majority of the most active and best informed in all branches of the medical profession. It has stood firmly for the rights of the people in matters pertaining to public health, and the suppression of irregular and ignorant classes of practitioners, who seek to prey upon the credulity of their clients. The objects and aims of this Association are to promote a scientific spirit among its members, to maintain a high code of medical ethics, and to encourage sound medical legislation. Animated by these motives the Ontario Medical Association respectfully begs to submit the following expressions of opinion.

1. The Public Welfare.

On page 4 of Justice Hodgins' report the following words are found: "I have, therefore, endeavored to consider them all from the point of view of the public, and with an appreciation both of the responsibility of the Province for the public health, and its duty, and equally important, of allowing the individual citizen reasonable freedom of action."

The foregoing position cannot be too highly commended. The chief end of all legislation is the protection of the people. In all matters pertaining to the treatment of all forms of diseases and injuries this can only be secured by exacting from all who would undertake the duties of attending and treating the sick or injured the highest possible standard of training and scientific education that modern medical scientific knowledge can furnish. Such legislation will not only protect the public, but it will, in a very large measure, protect the profession against slothful methods in its ranks and overcrowding, and the evils that tend to flow from these. No one should, therefore, be permitted to practise any form of healing who does not obtain the Ontario license.

II. Vested Rights.

On the very important subject of Vested Rights, Mr. Justice Hodgins seems to lay down a sound principle on page 6 when he employs these words: "Whatever might be the position of those outside the regular medical profession at the time when Sir James Whitney made this promise, it is not possible after that date to say that any practitioners have established themselves in Ontario in such a manner as to have secured a status or to have been possessed of anything known as a vested right to practise."

The promise here referred to is the statement made by Sir James Whitney on 30th June, 1913, that he would appoint a Commission to investigate medical education and practice in Ontario. With this position of the Commissioner, that those who have commenced any form of irregular practice since that date have thereby acquired no vested rights, every one who has due regard to the welfare of the public must fully agree. This view of Justice Hodgins should be accepted in framing any statute for the Government of the medical profession and medical practice in Ontario. On page 31 the Commissioner states that "No one can have a vested right in regard to public health or private healing." This clears the atmosphere, and makes it possible to deal with the several claimants to the right to practise in any way on their merits. This is the position taken by the regular medical profession of this Province.

III. Physical Therapy.

With what Justice Hodgins sets forth on pages 6 to 16 inclusive, but little exception can be taken. No doubt the condition and numbers of returned soldiers and the results obtained by physical therapy have strongly impressed his Lordship with the importance of manipulative and such like methods of treatment. While of undoubted value in the case of the soldier and many others, these methods of physical therapy have their limitations in practice. Nevertheless, with the advance of medical science, the acquirement of a wider and better knowledge on the causation and pathology of disease, and the discovery of new instruments, the regular medical profession is appreciating in a constantly increasing degree the value of physical therapeutics, such as are mentioned on page 8 of the Commissioner's report, namely, mechano-therapy, thermotherapy, hydrotherapy, kinesitherapy, electrotherapy and radium therapy.

The medical profession would welcome the incorporation into the medical curriculum a greater degree of attention to such subjects, and their practical application to the treatment of disease. It is with pleasure, therefore, that the Ontario Medical Association approves of the suggestions made in recommendations 1, 2, 3 and 4, found on pages 71 and 72 of the report on medical education in Ontario. It is towards this end that the best Medical Colleges of to-day are working; but, to make this training efficient, suitable accommodation and apparatus must be furnished. Towards these the public must give sufficient monetary assistance, either by private benefactions or by Government grants.

IV. The Definition of "Practice of Medicine."

Mr. Justice Hodgins cites what the term "medicine" should cover as set forth in the Commission under which he acted, as stated on page 3. Further, he points out on page 5 that the Statutes contain no definition

of the term "medicine," and refer to the difficulties that have arisen because of this. With the object of remedying this deficiency in the law, and clearing the ground for the proper treatment of the various claimants to the right to practise, the Commissioner lays down the following:

"The term 'Practice of Medicine' shall mean and include:

"(1) The use of any service, plan, method, system, or treatment with or without the use of drugs or appliances for diagnosing, alleviating, treating, curing, prescribing or operating for any human disorder, illness, disease, ailment, pain, wound, injury, defect, deformity or physical or mental condition.

"(2) Diagnosing, alleviating, treating, curing, prescribing or operating for any human disorder, illness, disease, ailment, pain, wound, injury, defect or deformity or physical or mental condition, and the holding out, offering or undertaking by any means or method to do any of the foregoing and including midwifery and the administration of anaesthetics.

"(3) Any manipulative or other kind of physical or mental treatment whatsoever, suggested, prescribed or advised, for body or mind, administered to, or enticed upon, or intended to be followed by the patient himself or herself, intended or professing immediately or ultimately to benefit the patient, and the holding out, offering or undertaking by any means or method to use the same or to diagnose.

"Any person who shall habitually use in advertising any title such as M.D., M.B., D.O., D.C., D.O.S., or any title as indicated thereby, or as surgeon, doctor, physician, healer, professor, specialist or any other letters, sign or appellation having the same or similar import in relation to medicine as defined above, shall be considered *prima facie* as practising medicine. Those possessing the degree of doctor of dental surgery, or being licentiates of dental surgery, shall not be within the above provision."

The Ontario Medical Association approves of the foregoing definition of the "Practice of Medicine," but would respectfully beg leave to suggest that the word "habitually" be omitted from the last paragraph, as it would leave an opening for those who travel from place to place as itinerant practitioners. They might sometimes use one title and sometimes another, as they changed their location at short periods of time. These persons do much harm and are often difficult to deal with at law.

5. Osteopathy.

The Commissioner is to be congratulated upon the thoroughness with which he examined the educational status of Osteopathy, the claims of the Osteopaths, and the recommendations which he sets forth in his report regarding them. After pointing out the facts that there is no Osteopathic College in this Province, that such practitioners must be trained in the United States, and that it might not be wise to establish here what they are trying to eliminate in the United States, the Commissioner states as follows on page 27:

"The result, in my judgment, of declining to permit separate educational requirements here will prevent, in this Province, the establishment of a state of affairs which would prove a stumbling block in our way, if in the United States a solution of the problem is satisfactorily reached."

The Commissioner mentions the fact that a certain State in the American Union has put the Osteopathic student on the same - practically the same footing as the ordinary medical student," and in the remarks on page 28 that "I do not see why Ontario should be decided on her requirements less worthy to be followed."

On page 27 of his report the Commissioner states this: "The inadvisability of enacting any legislation now in the direction of allowing one class of a learned profession to practise it without the range of study required of others is emphasized when one reflects that a statute of that kind passed now would only provide Ontario with Osteopaths of the older and less advanced school."

Having reached the conclusion that Osteopaths should not be granted independent legal standing, the Commissioner then states on page 31 as follows:

"Notwithstanding the conclusions I have reached, I am not in favor of dealing harshly with those practising Osteopathy here on June 30th, 1913."

This is followed up by two very specific and definite statements in the Commissioner's conclusions, and to be found on page 72, as follows:

"(6) That Osteopaths, Chiropractors and other drugless physicians practising in this Province on the 30th day of June, 1913, be permitted to continue for six months from the 1st of January, 1918, without being subject to any disability or proscription."

"(7) That after the 1st of July, 1918, no one shall practise medicine as defined as aforesaid in this Province without a license from the College of Physicians and Surgeons of Ontario, except that those who were practising what is known as Osteopathy on the 30th of June, 1913, if possessed of a diploma from one of the five Colleges now recognized by the American Osteopathic Association, with five years' practice in osteopathy, or if they obtain from that Association a certificate that they are qualified to pass the examination for license in the State where Osteopaths are examined and licensed which has the highest standard, may continue in practice under a special license to be issued by the Minister of Education in which the practice of the holder shall be limited to Osteopathy and as not including the administration of drugs nor the performance of surgery with instruments."

This position laid down by the Commissioner will have the effect, in a short time after the passing of the Act embodying these conditions, of removing from this Province all the Chiropractors and drugless healers, and all the Osteopaths who have located here since 30th of June, 1913. Only such Osteopaths as were in practice in this Province prior to 30th June, 1913, and who can comply with the requirements as set forth in the foregoing recommendations, are recommended for more lenient consideration, to the extent that permission be granted them to continue in practice.

The Ontario Medical Association can find no reason whatever for the recognition of those Osteopaths who were in practice prior to 30th June, 1913, and most respectfully dissents from the recommendation of the learned Commissioner. These practitioners of Osteopathy include those who graduated a number of years ago when the Osteopathic Colleges gave very poor courses of instruction. As their training, there-

with a view to changing the law. The Commission's report on the subject of osteopaths is held to be in the interests of the people. It is held to be in the interests of the osteopaths in practice because they practice general medicine as well as osteopathy, and in the interests of enabling them to do so. But in the case of the law on the Commission's report it is pointed out that the Commission is not backed by law in beginning the practice of Osteopathy in our community, and considering that it would be unfair to these osteopaths to compel them to cease in practice, there is in the Association's opinion no objection to the Commission's report regarding those who were in practice prior to 30th June 1913.

With the remarks of the learned Commissioner about chiropractic and manotherapy (page 32) of Ontario Medical Association is followed a comment. The so-called systems have no claims whatever to recognition. Chiropractic is founded upon a most pitifully ignorant conception of disease and their treatment, and should be most promptly and readily suppressed in the interest of the people. With regard to Manotherapy, Justice Hodgins is correct when he states, on page 34, that "Manotherapy is a name for manipulation by hand, which has no distinctive feature."

It may be remarked that Justice Hodgins offers no comments on the soundness or the reverse of the Osteopathic theory of disease. To decide upon the merits of one system of treatment as compared with another did not, perhaps, fall within the scope of his investigation. Too much emphasis cannot be laid upon the fact that the Osteopathic theory of disease is radically wrong, and any system of treatment built upon it must end in failure.

Justice Hodgins states on page 27 that "Manipulative treatment is becoming more and more recognized as a valuable agent in the cure of or alleviation of diseased conditions of the bones and joints. The Osteopath applies it to all conditions, the regular physician not enough in suitable cases." The real truth is that the regular medical profession does not object to Osteopathy because it makes use of manipulation, but because in so many cases it applies this treatment erroneously. This could not be otherwise for the reason that the Osteopath has a false conception of the causation of disease. His statement is well borne out by the application by him of manipulation as the proper treatment for typhoid fever, diphtheria, pneumonia or heart disease. It is only when a practitioner has been properly educated that he becomes proof against such wild theories.

The regular medical profession contends that those who have been placed under proper teaching for the full course of the medical curriculum would not fall victims to such theories as those governing the practice of the Osteopath, the Chiropractor, or the Manotherapist. Diseases cannot be treated along any one narrow method, however good that method for certain conditions may be. An excellent illustration may be found in the valuable results obtained from the judicious use of digitalis in some forms of heart disease; whereas, were the drug administered indiscriminately in all forms of heart affections the results would be most disastrous.

VI. Christian Science.

On this subject it is gratifying to note that Justice Hodgins maintains that Christian Scientists should be able to conform to the public health laws of the Province. On page 38 these important words are

found: "So far as public health regulations are concerned there can be no doubt that whatever method they adopt they should be required to conform to them, if they intervene in any way in the care or alleviation of disease, as they unquestionably do when they become the medium for effecting the desired result. Whether they see the patient or not, whether they merely pray for him, if their efforts or doctrine really and in practice result in eliminating the regular practitioner, either because the patient desires it or because his friends do so, then the interests of public health throw on them the responsibility for any possible mistake in the nature of the disease. They should, therefore, conform to present or future health regulations, and should, where they act for gain, be required to possess sufficient medical knowledge to recognize diseases pronounced by the Health Authorities to be communicable."

His Lordship has in these words put his finger upon the crucial point. The public must be protected, and this cannot be done if the Christian Scientist cannot diagnose these diseases that are contagious and should be reported. It is of no use for the Christian Scientists to set up the argument that they wish to obey the law and observe the health regulations. This cannot be done without that knowledge that enables one to recognize diphtheria, measles, scarlet fever, smallpox, etc.

The medical profession have no desire to interfere with any one in the exercise of his religious belief. On this point the medical profession is at one with Justice Hodgins; but it also concurs in his view that the Christian Scientists "should possess no other or different right or immunity from that enjoyed by the clergyman or minister who is called in for the spiritual benefit of a member of his communion."

The Commissioner suggests, on page 38, that the "onus of bringing himself or herself within the exception shall lie on the person so claiming to be practising such religious tenets," and that "a penalty of fine or imprisonment, or both, sufficiently heavy to deter people from incurring it, should be imposed upon any one practising such religious tenets upon or in reference to any person suffering from any disease dealt with as contagious or infections in the Public Health Act, unless before such practice is begun notice in writing is given to the local Health Authorities of the presence of such disease." With this we concur.

With the following recommendation, found on page 72, number 8, the Ontario Medical Association is not wholly in accord:

"(8) That provision be made in such legislation that nothing in it or in the definition of Medicine shall prevent the practice of the religious tenets of any church, provided that anyone exercising it for gain for the benefit of the sick or diseased shall possess a permit from the Provincial Board of Health certifying that the holder is qualified to recognize diseases required to be reported under the Public Health Act, and further providing that when the practice is apart from a church edifice or the home of the patient, and is for gain, the onus shall be upon the person so practising to bring himself or herself within the exception. Nothing in the legislation should in any way weaken the position that where infants are concerned necessaries should include the services of a registered medical practitioner."

Such legislation would render less frequent the sad event of children dying of diphtheria or other disease under the treatment of a Christian Scientist, and without having been seen by a qualified practitioner. It

would also lessen to some extent the mercenary side of connecting medical practice with the tenets of religion for gain. It would also place the onus of proving that a Christian Scientist, who acts as a healer, is not violating the health laws and that he or she can recognize contagious diseases.

But as representing a large and influential medical association, may it not be permissible to suggest that no recognition of any sort be granted the Christian Scientist in the matter of treating sickness. To go the length of conceding that the Christian Scientist who wishes to heal people for gain, should secure a certificate from the Provincial Board of Health that such person can diagnose contagious diseases, is introducing a feature into the medical legislation of this Province that may prove far reaching and mischievous. Many religious bodies might try to qualify some of their following to the extent called for in the Act, and, thereby, do much harm to the general practice of medicine and the general safety of the people. The concession suggested by the learned Commissioner, though limited in extent, and apparently safeguarded, is capable of much abuse in the future.

If the recommendation of the learned Commission, No. 8, became the law of the Province, it would open up a short-cut to the practice of medicine in general. A designing person, under the cloak of Christian Science, might acquire such familiarity with and knowledge of contagious diseases as would enable him to obtain a certificate from the Provincial Board of Health. He would then embark on the wider field of treating all kinds of disease. There should be only one portal into the medical profession, that fixed by the College of Physicians and Surgeons.

The Ontario Medical Association would therefore, most respectfully, but strongly, contend that the Christian Scientists be placed in exactly the same position as all other religious bodies, namely, the right to minister spiritually to their followers; but to enjoy no other privileges in the treatment of disease and injuries than those enjoyed by any citizen or member of any other religious body, namely, to render such aid as a non-skilled person may be able to give, and without fee.

VII. Optometry.

The Ontario Medical Association cannot concur with the Commissioner in what he has to say regarding Optometry. The Opticians are long established, and it is for them to improve themselves by study. There does not appear to be any need for the creation of a sort of quasi profession with just enough medical knowledge to prove dangerous to the public. There can be no objection to some provision in the legislation of the Province to the effect that all those outside of the medical profession who would do refraction work and prescribe glasses must first obtain a certificate of competency for such work from some accredited board. Beyond this the law should not go in the recognition of a separate body.

Nor can the Ontario Medical Association concur in the recommendation that the Universities provide additional courses of instruction as intimated on page 21. A much better course would be to lay the responsibility upon the Universities to furnish a more extensive course on refraction work to the Medical Students than that now given. This would tend to supersede the need for the Optometrist, and be logically in line with that part of the Commissioner's report where he urges more

teaching of physical therapy in order that there be no need for the Osteopath. This appears to be the only logical course. If Optometry is to be made a quasi profession, why not the same with Dermatology, etc.?

Nor is it deemed wise to create a new profession along the lines suggested on pages 41 and 42 of the report, wherein the Commissioner recommends that such a course should cover the following scope of study:

"(1) Sufficient knowledge in medicine to detect disease in the body, disclosed or indicated by the eye.

"(2) Sufficient acquaintance with the physiology and pathology of the eye itself to recognize local diseased conditions.

"(3) A thorough knowledge of practical optics and refraction."

The latter clause is all that is required for the Optician. The suggestion 1 and 2 could only be carried out as part of a medical course. It does not seem possible for the Medical Colleges to arrange special courses for such purposes, nor to fit Optometrical students into the regular classes now in existence. The only other course open would be to establish a separate college, with proper equipment and clinical facilities, for the Optometrical classes. This has all the objections of creating a quasi profession, and multiplying the difficulties now existing rather than simplifying them.

The alternative and consistent course is to voice strong opposition to such a plan, and to urge a more thorough course of refraction work in the Medical Colleges. This would logically meet the situation fully, and avoid the creation of another profession. It, therefore, follows that recommendation No. 9 on page 73 must be rejected. At the same time we approve of a good training for Opticians, or so-called Optometrists, provision for which can readily be secured in technical schools and from practical and experienced Opticians.

VIII. Nurses.

The great importance of the nurse in modern medicine fully justifies the attention given to this subject by the Commissioner. With the many suggestions in the portion of the report dealing with nurse, and found on page 42, little exception can be taken.

In carrying out any scheme of shifting nurses in training from one hospital to another, great care must be taken not to impair the nursing service in the smaller and rural hospitals. This would result from any plan whereby the nurses would be transferred from these hospitals to the larger city hospitals for their final training. This would have the effect of keeping junior and less trained nurses all the time in the small and rural hospitals.

The interchange of nurses between special and general hospitals would prove advantageous to the nurses, and give them a much more complete training.

Recommendations 10, 11 and 12, on page 73, if embodied in statutory form, will be useful. The people would be better served by the two classes of nurses, namely, the fully trained and the experienced, practical home nurse. The Ontario Medical Association supports the suggestion made for the establishment of a register and Home Nursing Association for Nurses to take care of the home as well as the patient.

This Association also urges that, as the education of the nurses of this Province is a most important subject, the curricula of the Training

Schools for Nurses be submitted for approval to some recognized medical authority, such as the College of Physicians and Surgeons through the Medical Council, or a committee thereof. This would do much towards standardization of the training of nurses.

IX. The Ontario Medical Council.

The recommendations on page 61 as to the size of the Medical Council, the representation from the Colleges, and the regular and homeopathic practitioners, meet with approval, and should become law.

The suggestion that the members representing the regular profession be elected by the members of the profession at large, and the territorial representation be discontinued, is not favored. It is contrary to Parliamentary practice, and would have the tendency to place too much control in a few large and populous cities. There should be eight electoral districts.

One representative for the Homeopaths should be ample, and this representative should only have a vote and say with the other members of Council. The power of the Homeopathic representation on the Medical Council to determine the Colleges at which students may attend, and to appoint those who shall examine Homeopathic students, should be brought to an end by legislation. These functions should be discharged by the Medical Council as a whole.

The Ontario Medical Association approves of the suggestion to confer upon the Medical Council the power to suspend a practitioner as recommended on page 66. Also the proposed amendment set forth on page 67, No. 5, relating to status of a practitioner who had been tried in some Court for such action as would be regarded by the Medical Council as infamous or disgraceful in a professional aspect, is approved.

As the Medical Council is not a teaching body, the Ontario Medical Association is of the opinion that the Medical Council should only exact such fees from students and practitioners as are requisite for the conduct of its affairs. It is not a money-making institution, and should not hold large surpluses or reserves on hand.

Mr. Justice Hodgins, on page 57, suggests that the excess money of the College of Physicians and Surgeons "be devoted to some better purpose than accumulating a surplus while the expenses of giving medical training with its proper equipment is so heavy."

On page 60 he further suggests that the members of the Medical Council should serve without receiving remuneration. He refers to the Benchers giving "their time and strength" "for no emolument." The question is asked: "Is it not possible for the Medical Council to do in like manner?"

Again, on page 61 these words appear: "The examination fees brought in \$11,225, and there was paid out for the expenses thereof, including printing the examination papers, \$4,100.03. It is really from this source that the surplus comes, and my recommendation will be that the net amount received over cost of the examinations be paid over to Universities in proportion to their yearly number of candidates."

Also, on page 74 in conclusion 14, these words are employed: "That provision be made for the payment over of the net fees from examinations by the College of Physicians and Surgeons, and that provision be made for the expending of the same in the interests of medical education through the medical faculties of the Universities."

With regard to the payment of members of the Medical Council for their time in attendance at the Annual or Special Meetings, or on committees, it should be borne in mind that these members come from a distance and are away from their practices. Physicians and Surgeons do not form partnerships as do the lawyers, and consequently their interests suffer when away from home; and they have to make arrangements with some one to look after their patients, which means an actual disbursement, often exceeding what is received in fees for attending to Medical Council duties. But it may further be stated that medical practice is entirely different from law practice, as the former cannot be arranged for in advance, whereas lawyers can control the dates and places of meeting clients, and the dates of hearing cases in Court by agreement with opposing counsel.

On the matter of turning over the surplus from examination fees to the Universities to aid in the education of medical students, the opinion is respectfully submitted that it would be well to leave the College of Physicians and Surgeons to dispose of its surplus as its Council may deem best. The medical profession of Ontario may safely be trusted to dispose of its own funds in such manner as will best promote its interests. If the recommendation of the Ontario Medical Association prevails there would be no undue surplus, as per last clause hereof.

This position is in harmony with the view that each medical body should be granted its own autonomy, the independent management of its own affairs, and the right to dispose of its own income.

The Ontario Medical Association begs to suggest that statutory provision be made regulating the income of the Medical Council to legitimate requirements, as these may vary from time to time; and that this income be obtained from the licensing of practitioners.

This Association feels constrained also to urge that should any additional Medical Colleges come into existence, claiming the right to representation on the Medical Council, that the territorial representatives shall be so increased or the College representatives be so decreased, that the ratio as now proposed in the Commissioner's report shall be maintained.

X. The Medical Director.

The Ontario Medical Association has noted with much interest what the Commissioner says on pages 64 and 65, and in Conclusion 13, on page 73, regarding the appointment of a Medical Director. It has become more and more apparent that the term "Director" is not an appropriate designation, and, therefore, this Association hopes that the term "Adviser" will be substituted therefor. This Association understands that this officer is to consult with the Government and give assistance when called upon to do so, and not to dictate to the medical profession, or medical bodies. It was also felt that this change in title would obviate the risk of a clashing of interests. This Association is of the opinion that the said officer should have the status of a Minister or, at least, a Deputy Minister of Health.

The Association has noted with pleasure the recommendation found on page 64, to the effect that, if the office be created, the Government should consult with the College of Physicians and Surgeons and the Royal Dental College before proceeding with any appointment. This is as it ought to be, seeing that the proposed officer shall have such intimate

relationships with the medical profession, the Medical Council, the Medical Colleges, and other medical bodies.

As the creation of such an office is an entirely new departure in the conduct of the medical affairs of this Province, this Association does not feel itself in a position to offer any specific advice; but is willing to give the change, if made, a fair and sympathetic trial. Much will depend upon the care taken in filling the office referred to in Conclusion 13 on page 73.

XI. The Relations of the University of Toronto and the College of Physicians and Surgeons.

Beginning on page 46, the Commissioner devotes considerable space to the examination of the contention that the degree of the University of Toronto should carry with it the right to practise in the Province. This view was concurred in by Western University and opposed by Queen's University. The Commissioner remarks, on page 51, as follows:

"While I recognize the force given to this request from the facts which I have mentioned, I am far from convinced that it should be granted. It is true that in England the degree of a recognized university carries with it the right to be licensed, but the conditions under which that state of affairs arose do not obtain here. If the independent examination were omitted in favor of our universities without some supervisory provision, it would be impossible to secure uniformity of standard. It seems to us that this can only be accomplished, having regard to our present system, by reforming in some way or accepting the present duplication of examinations."

Having full regard for the need of maintaining a high standard of efficiency on the one hand, and a proper consideration for the economy of time on the part of the students, the Ontario Medical Association is of the opinion that both purposes can be fully realized by such modification of the present system of duplicate examinations as would enable the student to obtain both the degree from his university and the license of the College of Physicians and Surgeons by passing a conjoint examination, or by the College of Physicians and Surgeons appointing assessors to the Board of Examiners, with the object of maintaining the proper standard. This works well in Manitoba, where the degree admits to practice.

XII. Medical and Surgical Fees.

On page 62 of the Commissioner's report the matter of fees is taken up. The nature of medical and surgical practice, the great variety of conditions to be treated, the wide difference of experience in the profession, and the many grades of the social standing of patients, render it impossible to lay down any hard and fast rules regarding fees. This must ever continue to be a matter of arrangement to a considerable extent between the practitioner and the patient. Nevertheless, the appointment of an officer who would have certain powers in the taxing of fees, such as is suggested on page 64, might be occasionally advantageous to both the profession and the public. His jurisdiction could, however, go no further than that of rendering friendly advice. The cry about excessive charges has very little to rest upon. The medical profession of this Province is peculiarly free the spirit of greed as manifested by overcharging for medical or surgical attendance. The very few examples of this sort of thing may safely be left to the care of the ordinary Courts.

An eminent engineer may charge thousands of dollars for a single opinion, and a leading lawyer hundreds of dollars a day for attendance at Court. Too much legislation may become a positive danger.

XIII. The So-called Colleges.

The recommendations of the Commissioner regarding the so-called Colleges, on pages 65 and 66, should become law at the earliest moment. All such concerns should be closed up. They can only do harm to the real cause of education, and especially medical education.

XIV. Midwives.

The stand of the Commissioner on midwives is correct. There is no need whatever for the recognition of such at present. To legalize them would be a backward step, as there is no need for such a class of practitioners. See page 67 of the report.

Signed on behalf of the Ontario Medical Association:

G. STEWART CAMERON,
President.

R. A. REEVE,
Chairman, Legislative Committee.

JOHN FERGUSON,
Secretary, Legislative Committee.

