

MEDICAL CONFERENCE

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LICENSE INSPECTORS

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The subject that I have to present to you very briefly is one to which I am sure a great many of you, if not all of you, have given considerable study.

One of the greatest difficulties in the way of making certain and secure the aim and purpose of medical licensure is that of protecting the public against the presuming irregular. Our universities may efficiently educate, and our colleges license, but these do not and cannot protect an unsuspecting people, for whom the title "Doctor" or practitioner is a sufficient and satisfying guarantee of ability to treat.

All will agree with the opinion that much of our trouble with the irregular practitioner is due to the fact that there is no official whose duty it is to check up the licenses of those who practice medicine or any form of healing.

It is a matter of history that the medical acts were passed in order to protect the public by licensing only those known to be scientifically trained and efficient. The feature of the acts which assures to the public a properly qualified licensee is a valuable safeguard, but there is no safeguard which assures to the public that only those presuming to practice are so licensed.

A casual glance over the field of licensing in its application to many activities in our provincial, municipal and civic affairs shows that wherever license is issued, whether for the safeguarding of the public, the raising of revenue, or for any other purpose, there is in each case with the exception of the medical license, a close scrutiny of those so licensed; moreover the party, group or department most concerned in the license is the one usually assigned the duty of supervising such licenses. As medical licensure is on behalf of the public, the safeguarding of the public interest should be done by an officer acting on behalf of the public.

In provincial affairs, such as the automobile, the license is issued for two prime reasons,

namely, revenue and safety. The collection of money and issue of renewal license is smartly looked after by the provincial departments concerned with revenue and police order. In licenses issued by the city, revenue and tabulation of police information are reasons considered sufficient for a strict control. Here, too, the collection of the fee and the issue of the license annually are closely checked by a special official or by the department concerned. In the matter of a medical license, the prime reason for the issue of the same is educational efficiency in the interests of the public safety. The educational feature is guaranteed by the College of Physicians and Surgeons co-operating with the university, but what about the public safety? Why is there no annual check up of those practising medicine or healing of any kind, as there is of those who drive automobiles, or perform other activities in which the public safety is concerned?

When the Council of the College of Physicians and Surgeons has satisfied itself as to the educational equipment of an applicant, it issues license to practice. When the College of Physicians and Surgeons finds it necessary to exercise disciplinary power over those whom it has licensed, it is acting in accord with the clear intention of the Act; but the Council of the College of Physicians and Surgeons clearly cannot be called upon to exercise disciplinary action upon all and sundry of the quacks and fakirs attempting to delude the public in the matter of treating disease. Surely here the question of public safety lies much nearer the Police Department of the Attorney General, and in the interests of public safety, disciplinary action on quacks should be the particular charge of that department. A special officer appointed to scrutinize the licenses of those who practice medicine or any form of healing would put an end to many impositions perpetrated upon the public for many years while no authority calls them in question. It is true when the acts of these irregulars become the

concern of the criminal authorities, the Attorney General's Department interposes, although its activities are exercised from the standpoint of criminal offence rather than from the standpoint as to whether the party under suspicion may or may not have been guilty of fraud upon the public.

In conclusion I would suggest, that in the interests of the public safety, the Attorney General's Department of each province should appoint officers to see that only those licensed to do so, are permitted to practice medicine or any form of healing. The scrutiny of licenses could be readily assigned as a duty on officials already appointed, without involving extra expense.

THE CHAIRMAN: Dr. Hamilton has brought up a very interesting point. The whole subject, including the paper by Dr. MacCallum and the paper which has just been read by Dr. Hamilton is now up for discussion. You will remember that we have already agreed that each speaker be restricted to five minutes.

DR. R. S. THORNTON (Dominion Medical Council): I rise just for the purpose of supplementing in one or two points the statement which has been submitted by Dr. MacCallum.

Our Medical Council has been created since the 7th of November, 1912. It came into existence as a result of the final revision of the Act made in 1911, following a meeting of the Canadian Medical Association in Winnipeg in that year at which a resolution was passed asking Dr. Roddick to continue his efforts to get the law enacted. The reason why I go back into that little point of history is to point out that when the matter was under discussion in Winnipeg in 1911 at that meeting of the Canadian Medical Association, there was not at that time a Canadian medical man. We were provincial physicians only. There was no such individual as a Canadian physician, meaning by that a man who had a standing which was nation-wide, and which would be recognized from the Atlantic to the Pacific. While we met as a Canadian Medical Association, there was not a Canadian medical man a member of that Association. To-day there are 1,300 men with the Canadian license, one-third of whom have obtained their Dominion diploma by reason of their ten years' standing, and the other two-thirds by reason of taking the examination.

The point which was stressed at that time in the creation of the Dominion Council is still a point which I think we want to stress at this Conference, namely, that of a national status for the practising physician. By that I do not mean that the Dominion Council should supersede or should in any way transgress upon the rights of the Provincial Medical Councils, but that all of us as medical men, in the Provincial Medical Councils, in the Dominion Council, and in the Associations, should continually bear in mind that what we want to establish is a national standard of medical practice, and in whatever discussion may take place I would like to have that viewpoint in the minds of this Conference.

There have been many little difficulties in carrying the Act into effect, and various questions arise at times between the Dominion Council on the one hand, and the Provincial Council on the other, or, as it might happen, between Provincial Councils. But these have been overcome. Remember that our Council was just being estab-

lished when the war came. The war threw us out of four or five years of growth right at the very time when we were getting into our stride. So we would probably have had a much larger number than 1,300 at the present time if it had not been for the war. We have ironed out these little difficulties that have arisen with us, but you will observe that it is not for the Dominion Council in any way to propagate its desires or wishes among the Provincial Councils. It would not be a proper thing to do, in the first instance; it would very naturally and rightly be resented in the second. So the Dominion Council has to wait for the removal of some of these difficulties, but when any suggestions are made from any outside body, such as this Conference, in the way of recommendations to Provincial Councils, the Dominion Council may then be in a position to act and secure certain things being done which the Provincial Councils might not otherwise be able to undertake.

One other point. The Province of British Columbia has accepted absolutely and entirely as the sole standard for qualification in that province the certificate of the Medical Council of Canada. They have no reciprocity with Great Britain; they have no reciprocity degrees of their own. A few years ago they surrendered their provincial examination, and accepted in place of it the license of the Medical Council of Canada, and that is the only way a man can go into the Province of British Columbia and practise there to-day. An agreement has been made whereby the fee is divided to the mutual benefit of the Dominion and Provincial Councils, and to the benefit of the physician who takes the examination and saves thereby fifty dollars. Is it possible that this Conference might help out an extension of this process of co-operation? The Dominion Medical Council cannot say to any province that they should give up their examinations. There may be local conditions which may make it difficult for them to do that; but if each province would strive to place itself in the position of British Columbia, we would have in time one standard from one end of the country to the other, and we could establish a national status for the practising physician in Canada.

THE CHAIRMAN: We would like to hear from members of Provincial Councils who know the difficulties in their respective provinces. It is a very broad question, and I hope that this discussion will go on, and that everyone will express his mind freely and without restraint. We want to know exactly what the objections are, and what support may be given.

DR. A. T. BAZIN (Montreal): If it is permissible I should like to read a letter from Dr. D. F. Marlow, who was detained by illness from attending this Conference. He is chairman of the committee of the Canadian Medical Association which has been studying for three or four years the question of higher degrees in Canada. No conclusion has been arrived at, as yet, by the committee, but a great deal of study has been given to the question. Dr. Marlow sends this communication:

Toronto, December 17th, 1924.

"Briefly, may I state, that after studying the matter of a Canadian College of Physicians and Surgeons, I have concluded as follows:

1. The majority of opinion throughout Canada is in favour of the ultimate establishment of a college.
2. Its establishment would stimulate post-graduate work, by providing recognition of work in fellowship diplomas. The qualification of specialists would, in a measure, conform to its requirements. The general standard of medical and surgical practice would be elevated.
3. It would provide something distinctly Canadian for Canadians, and would soon be accorded due recognition throughout Canada and abroad.
4. An affiliation with the Royal College of England

- and London might be arranged.
5. No new organization is considered desirable or necessary.
 6. If ultimately formed it should be in connection with the already existing Dominion wide licensing body, the Canadian Medical Council; which body, in the face of great difficulties, surmounted various obstacles as between the Dominion and its provinces.
 7. It can only come as a matter of evolution. The process requires:
 - a. Abolition of provincial licensing examinations.
 - b. One licensing body for Canada, namely, the Canadian Medical Council.
 - c. License of Canadian Medical Council to be recognized in all the provinces.
 - d. Intimate working relations between Provincial Medical Associations and Provincial Medical Councils.
 - e. Intimate working relation between the Canadian Medical Association and the Canadian Medical Council.
 - f. A united Canadian Medical Association and a general demand for a college.
 - g. Canadian Medical Council to become the College of Physicians and Surgeons of Canada. Licentiates to become members.
 - h. Establishment of fellowship diplomas, with admission to fellowship by examination only, except as provided for the admission to honorary fellowship.
 - i. Legislation covering (g) and (h).
 - j. Selection of outstanding physicians and surgeons to conduct fellowship examinations, until such time as there are sufficient fellows in the college to do this work."

"These conclusions are hastily put down and follow the line of my verbal report at the Ottawa meeting."

"It would appear to me, that, an expression of opinion from the Conference would be valuable, so that the committee may have some guidance in respect of further activity."

THE CHAIRMAN: Was any action taken at that meeting by resolution or otherwise?

DR. ROUTLEY: Yes, Mr. Chairman. The annual meeting referred the matter to this Conference, and Dr. Marlow, who was to be here but is ill, sends that communication on as chairman of the committee.

THE CHAIRMAN: You have heard, gentlemen, the purport of that communication from Dr. Marlow, which has been sent on by him as chairman of that committee to this Conference. It contains many of the arguments already put forward as to the Dominion Medical Council controlling examinations for the entire country.

DR. H. W. HILL (London): I am not intending to discuss licensure, but I wish to offer one bit of information to the Conference which may be of some importance in the future. Dr. MacCallum referred to the discrepancies in the requirements of the various councils of the various provinces. The Universities Conference has a medical section, which has taken up the question of discrepancies in the curriculum of the various universities, and reports have come in from nearly all the universities. I have the misfortune to be the secretary of that section and to have tabulated the results. They are quite interesting. I cannot report them here, but to illustrate just one point alone, and it is a very important subject, the school which gives the most gives three times the number of hours as the school which gives the least. I would lay before the Conference the fact that this report will come out at the next Universities Conference, and it ought to contribute to the subject of medical education so far as showing what the actual status in Canada is.

DR. G. R. CRUIKSHANK (Windsor): As I happen to be a member of the Ontario Medical Council I wish to state that at the present I am expressing only my own views. I regard this subject as very important. If the universities will get together and submit something to our council that is feasible and reasonable it will certainly receive our approval. We are here to protect the public, and all we ask is a reasonable knowledge of medical matters. A university may be idealistic and go much further than we do. In times past the Ontario Medical Council has done its best to raise some of the universities up to the general level, but in the last year or two the universities have taken such a spurt, that we do not need any longer to spur them along, but rather wait.

I intended to hold back a resolution I have here till later because five minutes is all I have and something may turn up later on which I want to speak, but I think it may clarify the issue if I present it now. I would move that the paper of Dr. MacCallum be referred for consideration to a committee composed of representatives from the various councils and the universities, with power to add to their number. A committee can take Dr. MacCallum's address up clause by clause and have a report to submit that would be a step in the right direction.

THE CHAIRMAN: Do you propose that they should submit a report at a future sitting of the present Conference?

DR. CRUIKSHANK: I move that the address of Dr. MacCallum be referred to a committee composed of representatives of the universities and of the councils for consideration, and to report to-morrow to this meeting.

THE CHAIRMAN: We are unfortunate in not having representatives from the Provincial Councils of the eastern provinces; there is no one here from Prince Edward Island, New Brunswick or Nova Scotia, who is a member of the Provincial Licensing Board. No one has responded to the roll call as officially representing those bodies. If Dr. Cruikshank would be good enough to write out his resolution, I can put it to the meeting later. In the meantime we can refer it to the Resolutions Committee, of which Dr. Connell is chairman.

DR. A. MACG. YOUNG (Saskatoon): I wish to congratulate Dr. MacCallum on the paper he has just given us. He made one reference to Saskatchewan regarding our relations with Great Britain which perhaps requires an explanation. At the last meeting of the legislature, we had inserted in our Act the words, "after examination by said Council"; referring to the Medical Council of Great Britain. We were quite of the opinion that they did not conduct an examination, but had certain assessors or inspectors, and we said that so far as we were concerned we would accept that as coming within the meaning of our Act. In other words we did not exclude British practitioners from reciprocity, but we were in favour of this method of inter-provincial registration. That is the situation. In Saskatchewan we are very much in favour of one portal of entry into the practice of medicine in Canada, and all we have done at any time has been along that line. I may state that we were the first in Canada who voluntarily did not hold provincial examinations. Then certain difficulties arose with regard to drugless practitioners, and a commission was appointed to inquire into the whole question. As a result of the investigation by that commission, the matter of holding examinations was turned over to the university. Again a means was opened up whereby provincial examinations would be held. At the last session of the legislature there was inserted in the Act these words, "or if deemed advisable may accept the examiners of the Medical Council of Canada appointed for a similar purpose." That means that if the university desires, it may accept the appointment of the Medical Council of Canada examiners. So we have left

open the door again whereby this may become the sole portal of entry. We believe in a national system of examination in Canada. Registration or license must be left to each province, but we believe the proper ideal is to have Canadian practitioners, rather than provincial practitioners, and our whole effort has been towards that end, and we will heartily support anything which will have for its effect the bringing of that into being.

THE CHAIRMAN: As this discussion goes on it is getting more interesting. We have heard from Dr. Young as Registrar of the Council, and he has shown that so far as Saskatchewan is concerned there seems to be a sentiment in favour of some general standard for the whole Dominion. Whether or not that is to be the final opinion of this Conference is left to be seen, and therefore we will welcome any direct criticism or any antagonism against that idea. You have already heard my sentiments from the chair, and I would like to hear the opposite side, because we should all approach this question with an open mind. I think if the registrars of any other councils would give us some technical points it might be of value. I see Dr. Aikins, of the Ontario Medical Council. Perhaps he might say something to us. It has been suggested to the chair that I should proceed in that way.

DR. H. W. AIKINS (Toronto): Five minutes, five hours, or five months would not suffice to enable me to compass the whole situation so far as licensure is concerned. If there are any difficulties in connection with matriculation or enabling certificates that we have not met with in our office already which call for solution, then I would say I would acquiesce in what Shakespeare says, "There are more things in heaven and earth than are dreamt of in our philosophy." We have had all sorts of difficulties, and we are at a loss from day to day to know how to proceed. Difficulties which concern our council, concern other councils, concern the Canadian Medical Council, concern the British Council, and chiefly relating to the circumstances under which we should be free to give a qualifying or enabling certificate to those who come to us for them. It is a little difficult without specifying, to indicate what our troubles are.

Matriculation we must handle as something which concerns not ourselves alone but other provinces, other countries under the British flag, and foreign countries, and we sometimes feel that it might be a wise thing to divide all those who come to us for the purpose of getting standing into two classes: those who will be allowed to matriculate with us, and those who will not. Those who will be allowed to matriculate with us will be naturally those who belong to our own province and have met all our requirements. To those who belong to other provinces and to foreign states we would say: "We will let you present your certificates for matriculation at the time you go up for final examination before us or before the Canada Medical, and we will say whether they are acceptable. If they are not acceptable, we will not give you a certificate. If you have not a certificate you cannot demand of us an enabling certificate; you will have to go to your own province for it." In that way we would meet a good deal of adverse criticism directed against our council on the ground that it has issued enabling certificates which should have been issued by other councils; but there are circumstances under which it is absolutely impossible to refuse students who come to our office on the last day before the one on which they must send in their certificate to the Canada Medical at Ottawa, and who say, "I come from a far distant province and want an enabling certificate." We say, "No, go to your own province." "I cannot do it," he says, "it is too far away and I am too late." Although we do not do so, we feel disposed to say, "Why did not your university five or six years ago advise you of the fact that at the end of

your course you would have to have such a certificate, and prepare you in that way to obtain it at that time." We have been more than accommodating; we have been absolutely gracious with a great many to whom we felt we should not issue such certificates. But we are being pressed by our own graduates and our own licentiates, who say it is not fair to allow what is going on to continue any longer, that students should be permitted, for instance, to go up for our Ontario matriculation examination and pass in seven subjects and fail in five, and then go to some neighbouring province and pass three or four more papers with the university of that province, and then come back to Ontario and ask to be allowed to go up for examination at the same time as the man who has passed all his twelve papers set by the Ontario Educational Department.

These are the difficulties we encounter every day, and personally I should be delighted to think that someone here had enough grey matter to tell us a solution of the problem, if for no other reason than to relieve us of the responsibility of meeting these unfortunate students whom we have to try and oblige, when we desire at the same time to play the game.

DR. R. H. ARTHUR (Sudbury): I think probably we are all agreed on one thing, that is, that the ideal method of licensure in the Dominion would be to have but one examination, and that in the hands of some body that has power to govern the entrance to the medical profession throughout the whole Dominion.

Unfortunately, I think, at the time of Confederation the whole field of education was given to the provinces, each one to do as it saw fit, and that has probably been the great stumbling block in the matter of, I won't say medical education, but medical licensure. When the Dominion Medical Council was born, it was born with a handicap; that is, they were there on sufferance, and any province that did not choose to come in did not have to. I believe eventually they are all in now, but at the same time it does not give it the air of finality and power that I have always felt it should have, and it has always seemed to me, and I make the suggestion with great deference, not claiming any grey matter at all, that if the Medical Council of every province would signify their willingness to forego their examinations and place them in the hands of the Dominion Council, provided the Dominion Council would get legislation that would give them power to control the whole matter of entrance to the medical profession by examination, the present difficulties would be overcome. While the provinces have control of the matter of education, it does seem to me without any quibbling that it does not necessarily follow they have control of the matter of examination, and if every one of the medical councils of the various provinces would signify not only their willingness but their desire for some such legislation along this line, in the form of an amendment to the British North America Act, that this power to control examinations, not necessarily education, but to control the examinations for the whole Dominion, should be obtained. If so, it would do away with the overlapping that now exists. It would make one standard throughout the country and we would then be one step further towards being a nation.

While these are my personal views, the body which I represent here, I am satisfied at the present time would not under existing circumstances vote to forego their licensing power, but if they felt there was a finality to it I think they would agree.

DR. L. D. CARDER (Vancouver): Speaking on behalf of British Columbia, we have felt very keenly that there should be one licensing body for the Dominion of Canada. We, I think, were the first to delegate our examining powers to that central body absolutely. We hold no examinations; we delegate that to the Dominion Council, and we find it works very well. We have no reason to be dissatisfied with it, and we do not see any

particular objection to the other provinces doing the same thing. We think we made a real sacrifice in doing that, because we do not have any twenty-five below zero weather out in British Columbia, and I never heard of anybody leaving British Columbia to practise in any other province, while others do leave other provinces to practise in British Columbia.

DR. W. H. HATTIE (Halifax): I certainly cannot speak in an official capacity at all. I am not a member of the Provincial Medical Board, but I am in such relationship to that board that I have some idea at any rate as to the attitude which the board takes on the proposal that the Medical Council should constitute a single portal of entry. As you may know, Sir, Nova Scotia has not gained anything through uniting with the other provinces in Confederation, and we have learned to be very conservative there; we are not anxious to lose anything more than we have lost.

As far as our council in Nova Scotia is concerned we feel that the Provincial Medical Board is very fair and has, I think, a very good control of the situation. There is some dissatisfaction, but it is not very marked. I think I am giving you the attitude of the board when I say they would hesitate very much indeed to depart from a procedure which has been satisfactory, in favour of another method which might not prove to be so satisfactory. As it is, the board has practically absolute control. We are very differently situated in that respect from the Province of Saskatchewan. Dr. Young has told you that there the examinations are held by the university. With us the examinations are controlled absolutely by the board. We are possibly a little too meticulous about requirements. I know it has happened on several occasions that men whom we could not accept have been accepted by other provinces, and they have ultimately been able to get registration in Nova Scotia, either through the Medical Council of Canada, or through the General Medical Council; but we have entered into relationships with both the Medical Council of Canada and the General Medical Council with eyes fully opened to the possibilities. When in the first place we obtained reciprocal relations with the General Medical Council, it was with full knowledge of the possibilities that would ultimately lead to an indirect system of inter-provincial reciprocity. We have entered into these relationships with our eyes fully open, and we feel that we must abide by anything that might develop from these relations, and, as I say, we have had to admit men to registration who would not have been admitted had it not been for these relationships. The instances have been few, and we do not complain.

I do not like to introduce a discordant note, Mr. Chairman, but I think perhaps it is just as well that all should know that the chances are that the Provincial Medical Board of Nova Scotia would be rather loath to depart from its present practice. I think that is all I need say. There are arguments pro and con, but I do not know that I can add very much to the discussion.

THE CHAIRMAN: That is the kind of criticism we want to hear. I am a Bluenose myself, and I know how difficult it is to get them into line, but once in line they are the best crowd I know of to fight for an ideal. We have not heard from Alberta yet.

DR. G. R. JOHNSON (Calgary): I do not know that I can add very much to the discussion. I think many of the problems have already been stated. I thought at one time that Alberta had all the problems due to the fact that it was a new province and a great many medical men were coming in, not only from our own Canadian universities but from foreign countries as well. I thought our problems there were more acute than those anywhere else, but I find that that is not the case.

The general opinion in Alberta is in favour of, and I believe its council would be quite willing to stand behind, any movement which would accept the Canadian

Medical Council examination as being the one entrance into the province. It is true that we would like to make sure that all applications received were bona fide in every sense of the term; that is, we would require from each man at least that he is a reputable citizen, that he has a good preliminary education, that he has taken a medical course and passed successfully. We accept the certificate of the Canadian Medical Council, and of the General Medical Council of Great Britain, but we would like to see one nation-wide standard, so that a registrant of Alberta could practise in any other part of the Dominion and the registrants of any other provinces come to Alberta and practise without further examination and without further test.

I will not mention any of the problems that we have had to meet in the last three or four years, as they are very similar to the ones mentioned by the Registrar of Ontario.

DR. J. F. ARGUE (Ottawa): Mr. Chairman, ladies and gentlemen, I want to look at this thing first of all from the standpoint of the medical student. I think one of the things we should consider here is whether there is any possibility of the student getting away from dual examinations in his final year. In the majority of the provinces, in his final year he comes up for his university examinations, and if he wants to qualify to practise in the province he goes through another series of examinations. I think our ideal should be some method, either under the Medical Council of Canada or otherwise, if it ever comes to one licensing body for the Dominion, by which assessors should be appointed who would co-ordinate with the examinations that are held at the close of the university term, and in that way the student would be freed from one extra set of examinations.

There is another point. If we are to have any uniformity and prevent men slipping through into one province after being denied in another, we must have one standard of matriculation. The universities of Canada should get together and provide a standard matriculation, and if a man passes that he should be able to go to the university. I think we have reached that in Ontario during the last year. We have a standard matriculation, and if a man wants to study medicine, law, science or any other subject that is taught at the university, that one examination qualifies him to enter the university.

Another point is that our Provincial Registrars or Provincial Medical Councils should not allow any one to get in by the back door. If a man is turned down by one province, if the registrar would take the trouble to notify the Medical Council and the provincial licensing bodies that this man had made application and that his qualifications were not what they should be, the other provinces would be warned. Probably most of you know that during the last session of the Ontario Legislature we had a man made a doctor practically by Act of Parliament. Things like that would be avoided. I do not hold the medical schools free from responsibility for some of the trouble. I can remember men of very meagre matriculation standards entering upon the study of medicine, and being told that if they would matriculate during their first or second year they could go on, and they would be kept on until finally they got a license to practise. This is simply a question of co-ordination, it seems to me, between the medical schools, the Provincial Medical Councils, and the Medical Council of Canada. The ideal I have for the future is a license to practise anywhere in Canada after passing one examination, and that examination should be held during the time of the final examinations of the student's medical college, and should be conducted by a combined board appointed by the central licensing body and the university which the student attends.

DR. A. T. BAZIN (Montreal): Mr. Chairman, I do not represent any school or any licensing body, but I

think Dr. Argue has struck a note which should command our sympathy when he spoke from the viewpoint of the student. I might cite one instance that occurred not so very long ago, where a student going through the strain of his final year and examinations, followed immediately afterwards by the strain of a provincial examination, and immediately thereafter by the further strain of the Dominion examination, committed suicide very shortly afterwards. There was no reason for it that we could discover except that his mental balance was upset due to the prolonged strain which he had undergone. That perhaps is an extreme case, but it shows what occasionally may happen.

There are other viewpoints that might be considered as affecting the student. Why after submitting a youth to a very prolonged system of education, with all the expense incident thereto, should he be penalized by the collection of a fee here and a fee there all for the gaining of one object? That applies not only to the license fees, but also to the matriculation fees. Matriculation in certain provinces, perhaps not in all, is by means of two paths: one the presentation of credentials which admit him, and the other by passing an examination. It is permissible to conceive that if a student desires to pass an examination, that there are special expenses incident to that examination which should be collected from the applicant; but if a man has followed a more or less prolonged course of preliminary instruction which necessarily involves expense, and does not actually form a demand for further expenses on the part of the provincial board in order to show his credentials, why should he be mulcted the expense of an examination fee? So much for certain points in regard to the student's viewpoint.

As I say, I am not representing anybody but the executive of the Canadian Medical Association, and that Association felt that a Conference of this kind, without necessarily arriving at any very definite conclusions, but simply talking back and forth, detailing the difficulties that present themselves, would certainly be of value. We have with us to-day one who has had a very extensive experience both on a provincial board, that of the Province of Quebec, and on the Dominion Board, Dr. Normand, of Three Rivers. I am sure the Conference would be very glad to get the benefit of his experience. There are many problems in the Province of Quebec that are perhaps different from the problems presented in the other provinces, and we all of us in the Province of Quebec appreciate the difficulties in relation to other provinces, and I do not think there is anyone who can clarify the situation better than Dr. Normand.

THE CHAIRMAN: I am sure we shall all be delighted to hear from him if he will be good enough to give us his views.

DR. L. P. NORMAND (Three Rivers): Mr. Chairman, my situation is very peculiar, because I have not been appointed by the College of Physicians in the Province of Quebec to represent it at this meeting. I am here as a representative of the Canadian Medical Council, but as my friend Dr. Bazin says, I have been associated for a long time with the College of Physicians and Surgeons of the Province of Quebec, having been for twenty-five years a member of the college, and for seven years president of that college.

The Province of Quebec has been one of the first provinces of Canada to exchange with the British license. Since 1889 we have had an exchange of licenses between the Province of Quebec and Great Britain, without any question. In connection with the Canadian Medical Council I was engaged for many years before 1912 studying the Roddick Bill, and I was one of the representatives of my province on the board, when that Act was finally drafted and put into effect.

The Province of Quebec has never discussed the question of having one Dominion license. Any man from any province, Ontario, or western or eastern

provinces, coming to the board of Quebec with a Dominion license has always been accepted and a license granted. In the Province of Quebec we have two classes of students. We have those who comply with the requirements of our board, who are what we call regular students, and we have those who do not comply with our requirements but who come before our board and ask for a license to practise in the Province of Quebec, but we refuse them. During the last twelve years many of them have been going to the other provinces and paying the sum of twenty-five or fifty dollars to the registrar to be registered. They pass an examination of the Dominion Council, and get a license from the Dominion Board, and then come back to the Province of Quebec and force a license from us when they have not proved themselves sufficiently qualified to be accepted by our own board in the first place. But we are now refusing to grant them a license. For the last three or four years we have decided not to license any man that we did not believe sufficiently competent to get our license in Quebec, and who simply went to some other province and then came back to us. In 1918, six years ago, Dr. Simard and myself asked for an amendment to the regulations of the Dominion Board by which the Quebec man who could not get a license from Quebec should not be accepted through any examination of the Dominion Board until he had satisfied every requirement in order to become a licensed doctor, or until he had got a certificate from the registrar of the Province of Quebec. I was sorry to hear the other day that we have many men coming up before the board of Quebec, and instituting law suits against our board on the ground that this amendment to the regulations of the Dominion Board has not been subjected to the Governor-in-Council at Ottawa and given lawful effect. At the last session of the board of the Province of Quebec in September—I was not present they decided to ask that at its next meeting the Dominion Board find means to stop any incompetent man from passing via the Dominion Board, and if that is not done, I am sorry to tell you that the Province of Quebec has decided to withdraw from the Dominion Board, if we cannot stop these incompetent men from forcing themselves on us.

I was very glad to hear representatives from other provinces tell you this afternoon that British Columbia, for one, has decided to put aside its own regulations and accept the examination of the Dominion Board. I have heard other gentlemen say that in the near future all provinces may accept the examinations of the Dominion Board; but let me tell you, although I am not speaking for the board of the Province of Quebec, I know French-Canadians' ideas sufficiently well to be confident that never will the Province of Quebec give away this right; never will it forego the regulations of its own board and accept only one Dominion license for all Canada. It is only a dream to think that such a thing will happen. Quebec will keep the same regulations, the same laws for the people who are willing to come before the Quebec Board, but we will always be very glad to help in trying to make the Dominion Medical Board the best of all boards in Canada.

THE CHAIRMAN: I am sure we are very much interested in hearing Dr. Normand. It impresses me as an individual that he has made a splendid argument for the ideals we are trying to forward. It seems to me that if we had what has been suggested, examinations of the same standard throughout Canada, it would not matter much whether the Quebec Board compelled its students to take its examinations in Quebec or elsewhere. It seems to me a uniform standard would solve a great many of the difficulties, and I am sure our colleagues from Quebec would welcome a condition which would permit a nation-wide scheme whereby that unification might be obtained without in the slightest degree infringing on the rights and privileges and ideals which our colleagues have in the Province of Quebec and in

the other provinces. I hope that this discussion will go on. This is the kind of thing we want to hear. We have just had a real difficulty presented, and I am sure there are many others.

DR. YOUNG (Saskatoon): Suppose a man domiciled in the Province of Saskatchewan and educated, we will say at McGill University in the Province of Quebec, receives an enabling certificate from the Registrar of Saskatchewan, and passes the examination of the Medical Council of Canada, receives his diploma and goes to the Province of Quebec, will he be accepted in the Province of Quebec for registration?

DR. NORMAND: I am very glad that Dr. Young has put a specific case. If a man from Saskatchewan or any other province has received his preliminary education in such a way as to get his B.A. or some other degree, and is regularly admitted as a medical student of that province, if he has complied with all the requirements of that province, it does not matter if he has received his education in Quebec or elsewhere, if he gets his license from Saskatchewan and is a regular physician of the province, and then comes with a Dominion license to the Board of Quebec, he will be accepted. But we do not want a man from Quebec who is not able to pass to get his B.A. or pass his preliminary examination, a man born and educated in the Province of Quebec, to be allowed to practise in the Province of Quebec when he is incompetent to pass our examination, just by paying a fee of twenty-five or fifty dollars in Saskatchewan or any other province, and then come into Quebec with a medical license. We will not accept that man, because if he is incompetent to pass our own requirements he should not be allowed to practise in our province for he has not proved himself competent simply by paying twenty-five or fifty dollars in some other province. He is a man from our own province, and we have a right to refuse him even though he has a license from the Dominion Board, when he gets his license without any examination, just by paying a fee.

DR. YOUNG (Saskatoon): I have in mind a gentleman in Saskatchewan who applied to me for an enabling certificate. I made full inquiry as to his domicile, and I was perfectly satisfied that he was domiciled in Saskatchewan. He complied with our preliminary requirements and received an enabling certificate from me, and did not have to pay twenty-five dollars for it, either. Then he went to the Medical Council of Canada and passed their examination and received his diploma, and then went to the Province of Quebec, but for some reason of which I am not aware he was refused. I understand that he went further. I have here a report from the Province of Quebec, and apparently this man went to a lawyer; I presume that is one reason they keep lawyers, to keep men straight in the law. Apparently this man had a lot of difficulty, and I was wondering why that particular man had that difficulty, in view of what Dr. Normand has just told us, because this man was domiciled in Saskatchewan, and had complied with all the preliminary educational requirements of that province, and received from the registrar of that province an enabling certificate. He had met all our requirements as to preliminary education, had received his diploma from the Dominion Council and then went to the Province of Quebec, but was not accepted without first going to a lawyer. I believe eventually he may have been accepted. I was wondering just what the regulation was with regard to that very case.

DR. NORMAND: I do not know what particular case Dr. Young is speaking of. I have not been a member of the executive for the last five years, and I cannot say what the reasons were in this particular case, but I know that before that we used to accept any man as long as he was a regular doctor and had graduated in any other province, and had received a license from the Dominion Board.

THE CHAIRMAN: This is a little bit irregular if we are to proceed by parliamentary rules. We cannot expect Dr. Normand to remember these individual cases. He has given the general principles and perhaps Professor MacCallum in replying will deal with some of these points in connection with licensure.

DR. J. C. SIMPSON (Montreal): I happen to have come in rather close contact with students' problems in regard to education and licensure. Dr. Aikens very aptly said in the course of his remarks, referring to the student who comes at the last moment and asks for an enabling certificate that the question might very well be asked, "Why did not your university five years ago advise you that you would run up against this difficulty?" That, of course, is a very just criticism to make. It happens that in our own university less than fifty per cent of our students belong to our own province; less than fifty per cent are students of the Province of Quebec. The majority of them come from all the other provinces, from the United States and other countries. We are therefore brought into contact with the problems of students from all provinces. Certain of our students coming from other provinces and receiving their education in the Province of Quebec, and living there five years, make contacts and for one reason or another wish to get a license to practise in the Province of Quebec, so we are up against just such problems as Dr. Aikens has mentioned.

There are one or two practical points where I think great help could be given by registrars of the other provinces to their own men. During the last few years and particularly at the present time, we are taking up with the individual students when they come to us this problem of licensure which is five years away; we start with them when they enter the school. We are advising them as the sure way of keeping clear of trouble is to register with their own provincial council in their first year. We are telling the men from the Province of Quebec that the way to get a license in the Province of Quebec is to obey the regulations of the Quebec College of Physicians and Surgeons. We are advising the men from the other provinces to register with their home province. Now we are up against this difficulty. We find that one province, the Province of Quebec, makes it obligatory on the student to register when he begins his medical study. The others do not. Ontario this year, and I think this is a splendid move, announced a policy of encouraging medical students to register with them when they begin their medical studies; they charge just a nominal fee for this registration. I have found from actual experience in the last month or two that some of our students who have tried to register in certain other provinces have not been encouraged, and in one case a student was told he could register but would have to pay one hundred dollars. It seems to me that is a thing that just needs to be brought to the attention of the registrars of the different provinces. What are some of the advantages of such a course? Just one or two I want to reiterate: First, that the medical student from the beginning of his course is kept as a student registered with his home province; secondly, if that student later on is for any reason influenced to practise in the Province of Quebec, he has established from the very beginning of his medical course the fact that he does belong to the Province of Alberta or Saskatchewan or wherever he happens to come from.

DR. J. S. POOLE (Neepawa): Dr. Thornton is a confrère of mine on the College of Physicians and Surgeons of Manitoba, but he spoke for the Canada Medical. Speaking for the College of Physicians and Surgeons, but presenting rather my own views, we as a council feel that the Medical Council of Canada must either go forward or retreat. A number of anomalies have been presented to-day which must be

rectified. An enabling certificate has been used by many men in a way in which it was not supposed to be used. Men who are not able to get a certificate from their own province go to another province, and it is to accommodate those students that an enabling certificate is given.

I think I am speaking for our own college in Manitoba when I say that if the rights of the provinces are safe-guarded, if the Medical Council in a round-table conference of representatives of the Provincial Medical Councils and of the universities can work out proper regulations as to matriculation and medical examination, our province, and in time I have no doubt the other provinces will get behind the Medical Council of Canada and give us the one door of entry. I have no doubt those Scotsmen in Nova Scotia will even see their way to come in as well. It is not the use but the abuse of the system that Dr. Normand is objecting to.

DR. D. LOW (Regina): I cannot speak with authority for anybody in Saskatchewan, but I think I can say something that will give you an idea of the general attitude of the profession in Saskatchewan in regard to this matter.

I think it was in 1920 that a representative went to the Vancouver meeting carrying a resolution asking the Council of the Canadian Medical Association to endeavour to have steps taken to establish a College of Physicians and Surgeons in Canada along lines similar to that in Great Britain, and if possible in conference with them. First I should say that we in Saskatchewan have not got a teaching body in medicine. Alberta, Manitoba and British Columbia have. We are the only province, I think, that does not undertake to manufacture doctors. We thought that in the working out of this resolution, it would come to the knowledge of the heads of the leading teaching bodies in the Dominion and those in close touch with the licensing process, and that we could safely leave it to them to maintain in Canada what we contend is as high a standard as is asked for anywhere, of those who wish to practise medicine. We felt these men in due time would evolve a standard of requirements and education that would be satisfactory, and possibly beyond the requirements of most of those who set the standard for licensing at the present time.

I may say that the resolution was passed at the provincial meeting of the Association. Some thought it had not received sufficient discussion, but the resolution was so acceptable to the Association that they did not think it necessary to discuss it. But to make sure there would be no mistake, the resolution was brought up again next year and reaffirmed, and every one who spoke expressed his hearty concurrence in it. We still think that if our teachers, the men in the universities, and those concerned with licensing in Canada, will get together in the spirit that we know exists, notwithstanding any disagreement that may appear on the top, we are confident that ultimately a system of examinations will be evolved that will be satisfactory even to Quebec.

Dealing with the question of what must be given up by the provinces, it seems to me, and I think to a number of others in Saskatchewan, that we do not have to give up anything in order to agree in this. We only have to say: If the standard is set where we think it should be set, and the applicant is shown to have a proper knowledge of medicine according to the standards of to-day (some of us might not be able to meet them), it will be acceptable.

The discussion to-day bears out what I have said. I do not think it is well to have all the sugar at the top when there is some salt hidden below. It reminds me of something Dr. Roddick said when he was endeavouring to have the Dominion Council established.

I happened to have the honour of his acquaintance, and met him on one or two occasions during that time, and he told me, "Oh, it's a hell of a job. I get Quebec fixed up, and B. C. breaks out. I get B. C. fixed up, and Ontario breaks out." I am sure, gentlemen, we will get them all by and by. Notwithstanding the fact that we have a great number of extreme progressives in our Dominion no one will deny that we are a very conservative people. We do not like to take radical jumps; we do not like to swallow anything holus-bolus, but to thoroughly digest and assimilate it, and what Dr. Primrose has said about Bluenoses will apply pretty well all across Canada. Once we are satisfied a thing is right and really means a step forward, everybody gets in line. There is the statement of a man who was concerned with the formation of the Dominion Council, quite a prominent man in his province; "It's a splendid idea," he said, "a lovely thing, and we all like it; that is, politically some of us do, but actually, you know, we don't want it." This discussion shows we are in just the same position we were in then, but notwithstanding all that, we have a Dominion Council. There may be some difficulties before us, but they can all be smoothed out. We have only to get together in a proper spirit to adjust the little difficulties, matters of detail, and I am satisfied that if we do that we shall achieve the ultimate result we are all aiming at.

DR. J. J. GUERIN (Montreal): The whole question, as I see it, is mixed up with the Roddick legislation from its very inception. I was a member of the executive council of the Province of Quebec at that time, and I may say that the Province of Quebec is exceedingly jealous and exceedingly conservative in so far as anything pertaining to the Dominion is concerned. They view with a great deal of anxiety any proposition that would militate in any way against the bill instituting the College of Physicians and Surgeons of the Province of Quebec. They gave the College of Physicians and Surgeons certain rights, after very mature deliberation, and they would not hear of any license that would deviate from the requirements enacted by that legislation.

We have, according to our law in Quebec, a standard of matriculation, and that is the rock on which the whole thing shatters—the matriculation. Our standard of matriculation is a B.A. degree of a university, and those who are not possessed of the B.A. have to pass before the College of Physicians and Surgeons, through professors chosen by them, an examination equivalent to the examination they would have passed had they obtained the B.A. degree, and until a student has got the B.A. degree or has passed an equivalent examination he cannot be registered in the Province of Quebec. It is all very well for us to discuss the pros and cons. I believe myself that the standard of medical education throughout the Dominion of Canada is pretty well equalized, but it is to prevent the undesirable element from getting into the profession that we enacted those laws. We have had applications from all classes of people to study medicine, and before those laws were enacted many undesirable people were entering on the study of medicine, so it was finally decided that we would establish a standard of preliminary education, and that standard is established by the B.A. degree, or by a very severe examination equivalent to the B.A. degree, and a student is not supposed to commence his medical studies until he has satisfied the College of Physicians and Surgeons that he comes up to that standard.

It is all very well to speak about the final examination. I have no doubt but that many men are refused in the Province of Quebec who are the peers of their fellow-practitioners in other provinces, so far as their medical training is concerned; but we are exceedingly conservative in Quebec. We want the pre-

liminary training; we want to have men brought up in an atmosphere that will qualify them later on to occupy the exalted position of physician in our province. I do not know of any change in the British North America Act that could change this state of things, because education is essentially one of the prerogatives of the province, and the province, I may say, Mr. Chairman, is so exceedingly careful lest there should be any interference in the education of the youth that they would view with great suspicion any enactment that might in any way militate against the standard established to-day for the entry into the study of medicine.

In my own university, the University of Montreal, we have a matriculation examination; in McGill they have a matriculation examination; many universities have a matriculation examination which qualify the youth to study medicine in these institutions, but neither matriculation nor examination by the University of Montreal, or McGill or Laval or of anything you please in the Province of Quebec, will entitle a man to present himself for a license after five years unless he has previously qualified himself as the legislature requires in order to commence his study of medicine.

It is very well for us to discuss these questions and to listen to the arguments that are being made, but the primary trouble is the examination for the entry into the study of medicine, and unless you can find some method of co-operation which I cannot see at the moment, and I was very intimately concerned with the legislation in regard to this bill from the very beginning, I cannot see how you could ever pass any legislation over the head of the College of Physicians and Surgeons for the Province of Quebec, and what is more I cannot see how the legislature could be convinced that it would be for the general advantage that we should deviate from the state of things that now exists. Our standard for the study of medicine is high; our standard is one that we do not wish to lower; and notwithstanding anything we may do, though I have no right or prerogative to speak for the College of Physicians and Surgeons, being here simply representing the University of Montreal—I have been on the Board of the College of Physicians and Surgeons for many years; I am not on it now, but I am sure that if the representatives of the college were here they could not tell you anything different from what I am telling you.

From the discussion that has taken place it seems to me that the whole trouble arises over the preliminary education and examination for the study of medicine, and unless that difficulty can be overcome in some way that I cannot suggest, I think we will meet with failure in our efforts to bring about an understanding whereby the license of the Dominion Council would prevail in the Province of Quebec.

DR. J. C. CONNELL (Kingston): May I first express my great satisfaction and pleasure that I have been permitted to attend this first Conference of the Medical Services in Canada. It realizes an idea, a dream perhaps, that has been in my mind more or less for the last twenty-five years, and I hope this will prove only the beginning of a permanent organization which will continue from year to year and contribute very greatly to the progress of the medical services and to the welfare of the people of Canada generally. We did not secure the Medical Act of Canada without dreaming about it for a long time. I was a medical student when I first heard Dr. Roddick speak on the subject of Dominion registration, I won't tell you just when that was, but it was a long time ago, and I considered it a great honour when later on I had the acquaintance and friendship of Sir Thomas Roddick. Certainly he dreamed about that Act for a long time, and finally his dreams came true. Even Quebec was reconciled and became a party to the Medical Act of Canada as it now stands. Of course, the Act is full of compromises, as is known to quite a number of gentlemen here who are familiar with the details leading up to the final acceptance of

the Act. It is not a perfect Act by any means, but it has been working twelve years, and I think we have no reason to be dissatisfied with the results. There are now over 1,300 practitioners in Canada who have the license of the Medical Council of Canada. That represents a large body of medical opinion, and I think I can foresee in the next generation of the medical profession in Canada, that those who hold the license of the Medical Council of Canada will control medical opinion in Canada. I am quite sure that there will be no going back; there will be progress, and continued progress all along the line. Of course, there are difficulties. Some of them are inherent in the Act itself. It has been suggested, for example, that the question of preliminary education, curriculum, and so on, should be in the hands of the Medical Council of Canada. There is no provision whatever for that in the Act. I myself, after working with it for some time, feel that that is not necessary, that we can work it out as it stands. That is one of the suggestions that have been made.

We have also been informed to-day that the Province of Quebec will insist upon an amendment to the Act which will legalize what they have been doing for the last few years. I should like to emphasize that the Medical Act of Canada provides that a candidate must have either a provincial license, or that he must comply with all the regulations right up to the point of writing on the examinations of the provincial board. Now for several years the Province of Quebec has not issued enabling certificates to such candidates. It will only issue certificates to those who actually hold a license. It has withheld that privilege, although that privilege is definitely provided for in the Canada Medical Act, and we are told that Quebec will withdraw unless that is legalized. Well, no amendment to the Medical Act of Canada can be presented to the House of Commons until every provincial council has consented; how are you going to get it? Not easily. I think it will be a long time before there is any amendment submitted to the House of Commons that will essentially change the provisions of the Medical Act of Canada. Perhaps that is one of the weaknesses of the Act; it may be it is one of its strengths. Personally I think it can be worked out as the Act stands.

There are one or two other points on which I would like to say a word; first of all, the reference made by Dr. Argue to dual examinations by the council and the university and his suggestion of some system of assessors. After my experience of quite a few years now in connection with medical education, I am not in favour of such a system. I think it is not unreasonable that a candidate who has spent his years in a university and has graduated should submit his qualifications for review by outside examiners. So far as I am concerned, I would say to any under-graduate who has come to the point of graduation, "It is quite reasonable that you should submit yourself to a board of examiners to see exactly where you stand." I think that is a very good thing for the school, a very good thing for the candidate, and I would be very sorry to see any departure from such a system. The system of assessors is not workable in a practical way. I do not think it amounts to anything. The other objection to it is this: We are likely for some time to educate quite a number of foreigners, and if you have a system of assessors practically every man who graduates from a Canadian school will have a Canadian license. I do not think that is a good public policy; I do not think it is good from a professional standpoint. Just on that point I would like to point out what a good many of my provincial friends fail to see, that it is to the advantage of the profession in any province that all the men who are educated in that province should have a Dominion qualification rather than a provincial one. He should have the whole of Canada for his field; rather than be limited to one province. It is in the interests of the profession in the province that that should be the case. I say that because it applies particularly to my own

province, and I have difficulty sometimes in persuading my colleagues that that is really the case.

In regard to the difficulty that Dr. Normand has raised with regard to Quebec, it seems to me the remedy lies with Quebec itself; it is a domestic problem. It appears there are two classes of student in Quebec, regulars and irregulars. The regulars—Dr. Normand will correct me if I misunderstood him—are those who have complied with the preliminary requirements of the Medical Council of Quebec in regard to matriculation. The irregulars are those who have not, and who with incomplete matriculation are admitted to the medical schools and receive a medical education. Why are they admitted? Is it not a matter of accommodation between the medical schools of the province and the Medical Council of Quebec? Should there be any irregulars? There are no irregulars in Ontario.

DR. J. C. SIMPSON (Montreal): I think you misunderstood the statement of Dr. Normand. In his terminology irregulars are those men who do not fulfil the requirements of the Province of Quebec but who fulfil the requirements of some other province. A man, for instance, who fulfils the requirements of Ontario, let us say, may not be a regular student from the point of view of the College of the Province of Quebec, because he may not have the B.A. degree, which Quebec requires.

DR. J. C. CONNELL (Kingston): If he is a resident of the Province of Quebec, he is subject to the regulations of the Council of the Province of Quebec, and if he wants to get an enabling certificate—

DR. J. C. SIMPSON: A student who has complied with the matriculation requirements for entrance to any university in Canada may still not be in a position to proceed to his license in the Province of Quebec.

DR. J. C. CONNELL: I cannot see but that it is a domestic question for Quebec, after all. If he wants to get an enabling certificate he cannot get it if he is not domiciled or a resident, and no other province will give him an enabling certificate.

DR. J. C. SIMPSON: That is quite admitted.

DR. J. C. CONNELL: No other province should give a man domiciled in the Province of Quebec an enabling certificate. He must get it at home.

DR. J. C. SIMPSON: That is obvious.

DR. J. C. CONNELL: Then where are your regulations? There is no difficulty except between the Council of Quebec and the colleges. I may be dense, but I think after all it is a domestic question for Quebec, and I think I can safely say that Quebec will not withdraw from the Medical Council of Canada.

THE CHAIRMAN: We have not heard from New Brunswick. I see my old friend Dr. Maclaren, whom the Conference would be glad to hear from.

DR. MURRAY MACLAREN, M.P. (St. John, N.B.): Mr. Chairman, I cannot speak for the Council of the Province of New Brunswick because I am not a member of it; I can only say something as an individual, and as a member of the Council of the Canadian Medical Association.

We all recognize the fact that the British North America Act provides that education comes under the provinces. I think that also includes examinations, for I take it that education includes everything surrounding itself, and I think examinations would be included in the interpretation of education. Consequently both examinations and education are matters for the province to deal with. That being the case and the profession being unhappy under these circumstances, has led after many years to an attempt being made to arrive at some central method of examination. But there must always be difficulty in doing that. The British North America Act is there, and it is, I would consider, permanent, and I would say that so far as the Dominion is concerned we must always expect difficulty, and we are always limited in our procedure. I think up to the present we have endeavoured, as it were, to arrive at a method satisfactory to us and yet not in direct conflict with what

is laid down in the British North America Act. I do not see any way of arriving at the object aimed at. I sympathize with those who desire it, and would desire it if it were possible, but I have not any solution to offer. There may be, and I think there probably will be some way found of meeting the difficulties in the situation. Arriving at a uniform standard of matriculation and having a uniform standard of medical education throughout the Dominion is an entirely different thing from what is laid down in the British North America Act. There is clearly no reason why the various provinces, the various councils and the various universities should not among themselves agree upon a standard. It is a matter then for the councils and the universities, if they see fit, to grapple with the problem and arrive at a common standard. They are very far from it now. It was very interesting to note the disparities between the different provinces which Professor MacCallum outlined this afternoon, but there is no reason why an agreement should not be reached that would not in any way contravene the provisions of the British North America Act.

After all, our primary object is to elevate the medical status in the Dominion of Canada. That is the essential thing and to me is far more important than the question of one board of examination. All these other matters are, of course, important, but the primary thing is to arrive at as high a standard of matriculation and of education as we can reasonably expect and ask for. If we advance, we will advance, I believe, step by step. If we secure first a uniform matriculation, there will be here and there an improvement in matriculation requirements, because I am satisfied that those who have now a good standard will not be prepared to accept anything less. If we secure that first, an improvement in matriculation and through the curriculum of medical education, we will have accomplished a substantial good, and I think it may lead the way to something further in the way of Dominion registration. The whole scheme of registration will then be brought to a level throughout the Dominion, and by that time it may be there will be some method found of securing one examination.

British Columbia, it seems to me, has taken a wise course in handing over its examinations to the Dominion Board. There is nothing to prevent any other province from following its example, but no province need to do so unless it chooses; and I take it there are several provinces that will not be prepared to do so. But even a few following that course will help in the formation of public opinion on this matter. I think the greatest good we can look forward to in the meantime, because it is possible, because it is reasonable, because it is desirable, is the obtaining of a uniform standard regarding entrance to the study of medicine, and in the subsequent course of medical education, that is, in the curriculum.

DR. MCGILL: I wish merely to clarify one point about which there has been some misunderstanding, at least in my mind, and that is with regard to what is meant by an assessor. If it means a person who merely visits during an examination, without participating in it, then I would agree with Dr. Connell that it would be practically a useless procedure, but on the other hand, if in this country some system such as that adopted in Great Britain could be introduced, whereby the assessor is also a co-examiner, the system would be an admirable one when it is introduced to bring about reasonable uniformity in instruction, and there should be no great difficulty in working out some such scheme. One should remember, however, and I think the committee should remember, that such a scheme is necessarily expensive. It is expensive in Great Britain for the General Medical Council, and would be much more so here where the distances are so much greater. With regard to that examination, I may say I have had some personal experience, having been a co-examiner in the University of Aberdeen, for two years before I came to this country, and

I know the influence of this system of co-examiners was very markedly felt in the standards that the local university authorities felt they had to maintain. It brought about a correlation of teaching which I think is what we are all aiming at in this country.

THE CHAIRMAN: If there is no further discussion I will call upon Dr. McCallum to reply.

DR. JAS. M. MACCALLUM (Toronto): Mr. Chairman, others I am sure have succeeded very much better than I have in explaining the difficulties we had with matriculation, but I tried to make you understand that there were different ideals of education, different ideas about it, and I refused to say which was the best. When you tackle that job you have a very difficult thing to deal with, but do not forget, it is not merely a question of Quebec. We all have provincial pride. We in Ontario have, as I think you all know, but the fact is that the standard of matriculation can be improved in various places. It will be improved, and that is my object in bringing the matter before you. We cannot do it ourselves, but reports will be made to the various councils represented here, and I have no doubt it will lead to improvement.

I said I was a man of peace, and yet I may say I regret very much there was no gentleman here who would get up and break a spear on behalf of British reciprocity. Some of my friends say I love a fight. Candidly I confess I do, but I do not see why something has not been said on that question. I would ask Dr. Carder this. He tells us they have accepted the Medical Council of Canada examination as their own. Now in the event of

that becoming the practice in all of the provinces, or in the event, which will happen long before that, of the license of the Canada Medical Council becoming Dominion-wide, has British Columbia got any objection to our also having British reciprocity? What will be the attitude of British Columbia?

DR. L. D. CARDER (Vancouver): They would not do it.

DR. G. B. CRUIKSHANKS (Windsor): I am sure we are all agreed that this has been a most profitable discussion. We have touched on some knotty problems, but the end is not yet. It will not do to get drawn into a controversy in this discussion, or then nothing will be done. I move, seconded by Dr. Poole, that Dr. MacCallum's paper be referred to a committee composed of representatives from the universities and licensing bodies for consideration and report to this Conference to-morrow, the committee to be named by the Chair.

THE CHAIRMAN: What is your pleasure, gentlemen? Shall the motion carry?

The motion was agreed to.

THE CHAIRMAN: Then I nominate the committee as follows:—Dr. D. S. MacKay (*Chairman*); Dr. W. H. Hattie; Dr. J. C. Simpson; Dr. L. P. Normand; Dr. Duncan Graham; Dr. P. S. McKibbin; Dr. W. T. Connell; Dr. W. A. Laidlaw; Dr. W. A. Behfuss; Dr. G. B. Cruikshank; Dr. J. S. Poole; Dr. G. R. Johnson; Dr. A. M. Young; Dr. L. D. Carder; Dr. R. H. Arthur; Dr. J. M. MacCallum; Dr. R. S. Thornton; and Dr. J. J. Guerin.

The Conference adjourned at 5 p.m.

Friday Morning Session

The Conference met at 9.30 a.m., Dr. Primrose in the chair. The first paper on the programme was called for.

PUBLIC HEALTH WORK IN SASKATCHEWAN

By MAURICE MACDONALD SEYMOUR, M.D., C.M., D.P.H.

Deputy Minister of Health for Saskatchewan

It is not quite two decades since the Province of Saskatchewan was constituted, but in order to trace the groundwork of public health activities initiated by the early pioneers, it is essential to give credit and honour to those who legislated and administered the affairs of what was then part of that large area known as the Northwest Territories.

As remote as 1898, we find a public health ordinance in force for the prevention of contagious diseases, with provisions for appointing medical officers of health and sanitary inspectors in cities and towns. Although, at this early period of western civilization the cities in what is now the Province of Saskatchewan had not attained to any great importance in population, we find that they had complied

with the law in having the services of medical health officers. In common with all newly settled sections of land recently opened for homesteaders, little attention was paid to affairs affecting the general health, and the well-balanced discipline of the members of the Royal North West Mounted Police was employed to meet and advise all that laws for the order, health and general well-being of residents must be respected, and to this splendidly equipped and judicial force much credit is due for the administration of early health measures. The public health ordinance, amended in 1902, was adopted at the first session of the provincial legislature in 1905, and was further amended in 1907 and continued to be the law until December, 1908.

Early in 1906 the government appointed Dr.