

that as a profitable pastime the acquisition of a little knowledge of entomology, particularly as it concerns the blood sucking insects, may ere long stand you in good stead.

Probably the most important influence in the elaboration and prolongation of the medical course is the tendency to depart from the old didactic methods of teaching. Knowledge gained through immediate personal contact with objects themselves is everywhere conceded to be more lasting, more serviceable, and more impressive to the student than that derived from the mere reading of books or the hearing of lectures. Practical work is the order of the day; in the hospitals; in the dispensaries; in the laboratories, and the intelligent student about to matriculate is now careful to select only that school offering the maximum of facilities for practical study. All this takes time; all this takes energy; all this takes money. Where formerly a topic in physiology, for instance, was presented to a group of, say, one or two hundred students in a single formal lecture, to-day that topic, if susceptible of practical treatment, is presented in elaborately equipped laboratories to small groups of fifteen or twenty students, who enjoy the individual attention of trained instructors. Under such conditions the student, through direct contact with things and personal observation of phenomena, acquires for himself the knowledge formerly gleaned from books or filtered down to him by word of mouth. It is needless to discuss the relative values of the two systems of teaching, or of learning.

In the clinical branches the same tendency is everywhere manifest. The student does not desire so much to hear about sickness as to see it for himself, and the modern teacher is equally anxious that he should do so.

These developments of methods and ideals that I have brought to your notice in a very cursory way have, however, a very serious defect that is sometimes difficult to remedy. They increase the cost of medical teaching enormously without at the same time contributing materially to the income of the school. But, we may ask, is not the income of the school increased by the additional number of students attracted by the newer facilities? Yes, the income is increased, but there is a corresponding expenditure for each additional student, so that, the quality of teaching remaining constant, there will be nearly the same ratio between income and expenditure with a large as with a small class. That is to say, there will be a loss on each student. I daresay that the majority, probably all, of our first class medical schools spend annually on the education of each student more than it receives from him. Moreover, the minute the life of a medical school becomes