

Surgeons during the past two years. Some other explanation is necessary.

Dean Clarke objected to the giving of lectures on two subjects by one teacher. In the main, this is obviously true; but, if a lecturer on surgery is able and willing to teach, let us say anatomy, there is no good reason why he should be restricted to one or the other of these subjects. The real point at issue in allowing him to teach two subjects is his fitness for the work, and not that he interferes with the appointment of another lecturer. Fitness is the test, and not mere sub-division of labor.

Dean Clarke does not favor didactic teaching in medicine. Didactic teaching reminds one of a set speech in parliament; clinical teaching, of committee work. The former, formal, correctly phrased, demanding continued attention from the audience; the latter, informal, expressed in plain words, and permitting intervals of complete mental relaxation. In estimating the value of either method as a means of aiding students to acquire some inkling into the art or science of medicine, or any of its branches, allowance has to be made for the grip a good lecturer takes on an audience. The teaching of a good lecturer is absorbed and assimilated by bright students with astonishing rapidity; his very words remain graven on their brains. A poor lecturer is tolerated, because his hearers get tired soon, and have to sit out the dance. A lecturer is made, just as the poet is made, and, because the genus, good medical lecturer, is a very rare one, it is plain that a conversational, familiar style of imparting instruction in medicine is the more generally useful one; didactic lecturing the exceptional one.

Whatever praise may be given to a scheme for raising the standard of medical matriculation, there should be no relaxation on the part of examiners in the enforcement of the present matriculation standard in medicine. If carried out without fear or favor, it is a guarantee that the preliminary training of