

In this connection I should like to read you an extract from an address delivered before the Medical Society at Oxford in 1895 by the late Professor Sir George Humphry of Cambridge: "There is too great a mass of facts heaped on the memory, and too little reflection on them, too great a straining after the practical and too little aspirations for the principles upon which good practice must be based. . . . The sciences of physiology and histology have become, and those of pathology and anatomy are becoming, more separated from medicine, delegated to special teachers and special examiners—doubtless to the advantage and width of scope of those sciences and to the greater knowledge of them, but I fear there is hereby engendered a tendency to take the student too far afield. . . . It is apt to lead too much to meandering in altitudes, too little to straight going upon *terra firma*, too much to pride and obstrusiveness of supposed higher knowledge, too little to reasoning and too little to power of reasoning upon simple data, and too little to that sort of reasoning which constitutes the basis of 'common sense.' The scientific and the practical, in short, become too much separated; what is needed is a greater regard to that connection between the two which should be maintained through the whole period of study."

SPECIALISM.

Another tendency in medical education is specialism. In some universities they are advocating allowing men to graduate in special lines, such as ophthalmology, dermatology, medicine, surgery, gynecology, etc. This seems to me to be most pernicious, tending to develop much narrowness and also to exaggerate the importance of certain specialties, and the public will suffer accordingly. The "malade imaginaire" will always find he has something not exactly right, but what, depends upon the specialist he consults. Nowadays, even the most advanced are agreed on the importance of acquiring the rudiments and learning the principles of medicine and surgery, and to practise them before commencing the study of any specialty. I do not say that the study of specialties such as otology, ophthalmology, gynecology, and even dermatology should be neglected—on the contrary we should study them all—but in their relation to and bearing on general medicine and surgery, we should have a good working knowledge of each, but an excess of time should not be devoted to any one. A year or two of hospital work, followed by some experience in general practice, should be managed by any one who wishes to become a broad-minded specialist. In this way he gets a wider grasp of medicine, and is less liable afterwards, when he gravitates to a specialty, to run in such narrow grooves.