

The os may or may not be dilated. When there is alarming hæmorrhage with no dilatation of the os the case is frequently very perplexing. Shall we use a vaginal tampon or Barnes' dilators which will act as a cervical tampon? Dr. Hicks thinks the general consensus in British midwifery is against the use of the vaginal tampon. We are not sure that this statement is quite correct, and find that, in the discussion that followed his address, so high an authority as Dr. More Madden states that after trying various plans he has found nothing superior to the tampon, "the introduction of which is followed by labor, and then effecting delivery by version." Probably most will agree that there is nothing safer and more effectual than Barnes' dilators, but every practitioner does not have them at hand when the emergency arises, or if he does they very easily get out of order and will then be useless. In a fair proportion of cases we believe the vaginal tampon when properly introduced has an excellent effect, and we would be sorry to see it get into unmerited disgrace.

When the os is wholly or partially dilated the treatment will depend on a variety of circumstances. It is difficult to give a definite rule. What we want, however, is to get pressure on the bleeding surface. Sometimes a mere puncture of membranes will suffice to bring the head down to act as a plug. Sometimes the forceps may be slipped past one edge of the placenta over the head of the child which may then be brought down. In the majority of cases probably the best plan is to turn, preferably by the combined external and internal methods, as so well described by Hicks, and bring down the breech to act as a plug. When we thus have our plug, whether it be head or neck, in position to prevent further hæmorrhage, it is well as a rule to leave the delivery to nature unless some interference appear necessary.

DIDACTIC LECTURES.

So much has been written, and so much has been said about the subject of an excessive number of purely didactic lectures now required in this Province, that the matter must be very carefully considered by the Medical Council in the near future. It seems not to be generally understood that in Ontario we are in this respect

quite out of touch with modern ideas on the best methods of teaching. We still require our students to attend didactic courses a second year, *i.e.*, to attend courses in medicine, surgery, medical jurisprudence, etc., in their third year, and to attend the same courses again in their fourth year. A similar condition exists in the primary branches. These lectures may possibly be superior to the ordinary text-books—Flint, Ashhurst, etc., but unfortunately they interfere with practical work in laboratories, dissecting rooms, and hospitals. In no other part of the world does such a system obtain. Of course, from a medical school point of view it may be cheaper, easier and simpler to lecture than to teach practically, but the tendency of the age is to get past such narrow ideas, and Ontario cannot long afford to ignore a question of such vast importance.

We are probably justified in saying that the curriculum of the University of Toronto, as recently amended, is altogether the most modern in Canada, and comes closely into sympathy with the requirements of the most advanced medical colleges of Europe and the United States. According to it, no student is required to attend any purely didactic course a second time, but all are asked to spend more time in practical work in all departments. Whether the Council will accept the students who have faithfully done the work prescribed in this curriculum remains to be seen; but, if not, the time-table will be so arranged that all can fulfil their requirements, but in doing so they will be compelled to omit some of the practical work. In such a case the onus of such an impediment in the way of the students must fall on the Council.

We are pleased to know that McGill University agrees with Toronto. Dr. MacDonnell, a member of McGill Faculty, in his very able introductory address for the present session, speaks as follows: "The days have long since gone by when didactic lectures were regarded as forming the principal part of a medical education. A century ago medical students were apprenticed to practitioners, and everything they learnt was of a strictly practical character. Jenner was apprenticed to a country surgeon near Bristol, and Sir Astley Cooper began professional life at the age of fifteen, as an apprentice at Yarmouth. In those days the didactic