

is intended to enable you, without hesitation, to place your finger on, or run a needle into, any structure of the body. The skin, which to others is opaque, must to you be transparent, and offer no obstruction to your mental picture of the parts in all their relations lying below.

The final student examining a patient's chest, has made poor use of his dissecting room privileges if his knowledge there gained does not enable him instantly to picture to himself the relations of the lungs, heart, nerves and vessels lying below the chest walls, and thereby to note any sign of a variation from the normal.

James McCartney, in St. Bartholomew's Hospital, London, used to illustrate the value of this accuracy of knowledge by cutting down upon and tying the femoral artery while standing blindfold, or with his back to the patient.

To enable you to obtain this accuracy of knowledge, you must dissect carefully, methodically, and personally, every part. I would suggest that the dissection of to-morrow be read over to-night, and that then to-morrow, dissector in hand, you carefully verify what you have already read—thus stamping it upon your brain.

Three methods of study must be pursued.—Anatomy will be presented to you in various forms. From your lectures and your text-books you will derive a knowledge of the various structures taken in their continuity, the nerves from their origin in the brain and spinal cord to their ultimate distribution in the body and extremities; the muscles from their origins to their attachments, and so forth.

From your dissector, and the bodies on the dissecting table, you will derive a knowledge of the nerves and muscles, vessels and glands as they lie in relationship to each other in the various stages of the dissection, the consideration of every component part being pursued together.

Lastly, from the study of frozen sections, prepared sections, and casts, you will derive a knowledge of the relation of undisturbed parts, which is the essence of surgical anatomy. When cavities like the thorax and abdomen are opened, the various viscera are displaced, and no anatomist can replace them as they were before. We must then use the sections for the purposes of comparison with our dissections.

In a recently published article by Professor McAlister, of Cambridge, that eminent anatomist says, "these sections are not mere superfluities, they are necessary parts of the teaching apparatus in any properly equipped school, for we see the parts in the anatomy room not as they were, but as our disturbance has made them. Take for example the flattened liver as you see it on the table, and compare it with the liver of the frozen body. The former presents a form which the organ could not possibly assume in its normal position when pressed upon—fascetted and moulded by the surrounding viscera and muscles. Take also the pancreas; you know it as shown in sections, or in the model, to be quite a different thing from the long, tongue-shaped gland formerly figured in text-books. But the liver and the pancreas of the model are the organs as they exist in the condition with which the physician has to deal, and it is in these forms that these organs must be known if we are to use to advantage our anatomical knowledge for clinical purposes. Dissection is the only way of learning structure and details, sectional study is the only way of learning relations."

All three modes of study are absolutely necessary to a comprehension of the subject, but do not expect any one of them to fill the place of the whole. Each has its value, and all must be used. The student who wisely avails himself of all these will lay the only foundation that should be laid, in his study of the body which he proposes to treat in disease.

ANATOMY FROM THE STANDPOINT OF THE LECTURER.

This is a transition period in the study of medicine. Discussions are taking place daily on the pros and cons of the advisability of raising the standard of matriculation. On the one hand the possession of a B.A. degree is held to be the qualification which should preface the entrance on a medical course. On the other hand, ideas are being advanced in favor of including such subjects as biology, comparative anatomy, and morphology, in the matriculation examination for medicine.

The length of the course has been increased by the Medical Council of Great Britain, and by our own licensing body in Ontario, while the univer-