

dical matriculation examination. Every student should be able to express his thoughts coherently and intelligently.

In this country of magnificent distances I suppose it is impossible to have a Medical Teacher's Association. Certainly such a competent body could deal with the revision of the medical curriculum as well as define the limits of the medical entrance examination. This important subject could not be delegated to this association which meets once a year for a few days at various points of the Dominion and mainly for the purposes of social recreation. Persistent, consecutive and complete work can never be accomplished by a committee of the Canadian Medical Association. It is rare for the members of any given committee to be in attendance at more than two consecutive meetings.

#### PROFESSIONAL EDUCATION.

The medical curriculum has subjects difficult to acquire, worthless as mental gymnastics, useless in practice, and speedily forgotten when acquired. The methods of teaching are imperfect and vicious. The student in didactic lectures is not taught—he is over-lectured and undertaught. The lecturer describes rather than demonstrates, and instead of making the student follow him step by step in his methods of observation, collecting, comparing, testing, and recording facts and of reasoning thereon, the didactic lecturer leaves them to be learned by being described, forgetful that they can be learned only by being practiced.

The main tendency of the present method of didactic lectures is to give students smatterings of scientific knowledge at the cost of that thorough knowledge of their art which is essential to its successful exercise. In the curriculum there is overlapping of similar subjects in the didactic and clinical courses. The course of didactic lectures should be entirely abolished or radically modified. Teaching should be bedside work—oral and written examinations with comments by the teacher. In analysing the didactic course, I would like to direct the attention of the Association to several defects and useless wastes of time which could be more profitably employed.

What earthly use is there for a didactic lecture on descriptive anatomy, a subject which can only be mastered in the dissecting room. Professor McAllister of Cambridge states "that anatomy being a practical subject can be learned only in the dissecting room." The line of demarcation between descriptive and practical anatomy is arbitrary and fanciful. In a large class in descriptive anatomy, the favored few near the lecturer and the dissected part derive some instruction, but to all the rest the hour is useless and wasted. Persistent work in the dis-