sible, the results are still bad, the Dean may then conclude that investigations in other directions will be necessary.

The Faculty cannot fix things with mathematical precision. It is difficult to decide on the proper distribution of purely didactic and clinical teaching. Indeed, we scarcely know what a purely didactic lecture is. If, as some appear to suppose, it is simply the reading of an essay on a certain subject exactly like a chapter in a student's text-book, we quite agree with those who think that such a deliverance is of little or no value. We supposed that didactic lectures of that sort had gone out of fashion. Many, we hope, most of didactic lectures, as now delivered are largely clinical and demonstrative in character. We regret to say at the same time that bedside instruction is frequently largely didactic in character. We hope, however, that too much attention will not be devoted to this small portion of a very complex question. For the time being it may be well to agree with the Dean as to "purely didactic teaching." Many members of the Faculty think, and have thought for more than fifteen years, that there are other defective methods of far more importance than poor didactic teaching. We regret to say that the situation, so far as good medical teaching in Ontario is concerned, is *very, very serious*—even worse than the Dean's statement would indicate.

BRAIN TUMORS AND OPTIC NEURITIS.

Although we have made great progress in the diagnosis of intra-cranial lesions during the last decade, there is much more for us to learn; so that a recent contribution by Paton (Brain, 1909, No. 125), dealing more particularly with ophthalmoscopy as applied to nearly 400 cases in Queen's Square Hospital, London, the results being in every case checked off either by the surgeon or the pathologist, is peculiarly welcome. This is perhaps the first sustained effort in this direction, and the conclusions are exceedingly helpful.