

successful cases, and their credulity is practised upon by the seeming impossibility of a failure. Our space forbids us alluding to this further at present, but we shall return to it again in future.

WHO SHALL DECIDE WHEN DOCTORS DISAGREE?

There appears to be no love lost between the medical schools of our neighboring city of Toronto. Each appears deeply interested in the downfall of the other, which may result in the ruin of both, or, at least, detrimental to their prosperity and usefulness.

Cliques in medicine are to be found in almost all our cities. Like all cliques, they are mischievous, and relating to a subject of general and, it may be said, of vital interest—human health and safety—they are especially so. The medical clique generally consists of the disciples of some school or college banded together to impede the progress of all other medical institutions, and to prevent the success of every practitioner who has not received their diploma, and will not labor to sustain their exclusive pretension. With every such clique the cause of truth, of medical science, or public or individual health must be secondary to the success of the association; consequently, its members will labor more to sustain themselves than to discover truth. Hence they will sometimes deliberately sustain error sooner than admit the fallibility of the association. The evil to the community in propagating false doctrines, through such agencies, must be obvious. But this is not the only evil; for another is the discouragement of talent that may *not* belong to the clique, and the forcing of mediocrity, in the persons of teachers, into re-

sponsibilities for which they are unequalled.

We may mention another evil that may arise from such rivalry. Two institutions may engage in competition for fame by sending forth graduates, each one staking its reputation upon graduating the greatest number—neither medical skill nor good conduct will be considered requisite for a diploma; and, consequently, hundreds of young men may be inflicted upon the community as physicians without the requisite skill to cure disease, the moral principle fit to be trusted with life and health, or the confidence due to worthy members of a responsible profession. Another incentive to indiscriminate graduation of students is the greater number of outside supporters such institutions may have, as every graduate is supposed to retain allegiance to *alma mater*. How is the community to decide in such cases?

Who is to decide when doctors disagree? The people usually confide in the judgment of celebrated teachers, and take it for granted that they would not annually send forth scores of young men who are not fitted to fill the responsible situation of their profession. And to this misapplied confidence do they sacrifice life and health.

Another mischief flowing from medical cliques is the tyranny of system or theory. They permit no free inquiry among their pupils. Each one is required to learn an approved routine, and is cashiered and driven from caste for attempting any innovation. He must proceed according to his school books, and practise precisely as he has been taught. To think for himself is temerity, and to think differently from his school is heresy. No improvement can creep into the standard or regular practice unless it origi-