

We are trying now to get two pints into a pot that formerly held one. . . . The result is that the student is over-burdened from the very beginning of his career. In his first year we try to make him a man of science. To this end we stuff him with facts and absorb the whole of his time in classes, so that he has no leisure for independent thought.

The following extract is taken from a leading editorial in the *British Medical Journal* last April: "Biology as taught by non-medical biologists must go. All the biology a student wants can be given him in his physiological and anatomical courses, and in the study of parasitology and helminthology under the pathologist. Chemistry in the future must be taught by the physiological chemist, and physics by the physiological physicist, by medical men who have gone through the whole training and know the needs and aims of practical medicine. . . . In anatomy great reform is needed, for the size of the present textbooks, and the mass of useless detail required, has reached the limit of pedagogic absurdity."

While our college professors are studying methods in medical education, many of our general practitioners are watching the situation with a very deep and intelligent interest. We think the majority of physicians consider it unwise to endeavor to stuff a quart of material into a pint pot. Many of them also believe that our teachers should teach less in order that our learners may learn more. A certain proportion favor Fletcherization because of their belief that the intellectual pabulum given to our students should be properly digested and thoroughly assimilated.

By a process of evolution the general practitioner frequently develops into a specialist. We have also the ready-made specialist, to whom reference has previously been made. The relationship between the general practitioner and the specialist has been much discussed in the past. Dr. Matthew D. Mann, of Buffalo, read a paper last February on "Dichotomy" or "Dividing Professional Fees." It would appear from what he says that a large proportions of surgeons in the United States are in the habit of giving percentages or commissions to physicians who send them patients, without the knowledge of the latter. I hope it is not necessary to tell members of this Association that such conduct is undignified, unethical and dishonest. It is quite true that the division of fees between the general practitioner and the operating surgeon is frequently or perhaps generally unfair to the former. How can a more fair division be made? We are inclined to think the general practitioners must find that out for themselves. At the present time the relationship between general practitioners and specialists is being considered by a strong committee nominated by the Medical Society of the County of Erie, New York. We shall look forward to their report with much interest.