

conditions, or an outline of the prospect for the future. In the ordinary even tenor of our way, the task is usually not a difficult one, but what of the present, when bloodshed and destruction is the one absorbing interest of civilized nations?

Never by contrast, however, was the nobility and humanitarianism of our own calling more strikingly exemplified—the one profession whose sympathies and interests extend beyond international boundaries, whose chief duty is to *fight* against disease, to *conserve* the health and lives of the people, even to mitigate the scourge of war itself by its merciful service rendered alike to friend and foe. This is certainly not the time to abate our zeal or slacken our efforts in furthering the beneficent influences of the art and science of medicine.

Apart from the rapid advancement which has characterized every branch of medicine in recent years, undoubtedly the outstanding feature of the period is the world-wide movement to reorganize, to correlate and to amplify, the various institutions and agencies associated with out professional work.

In the field of medical education we have seen the old proprietary schools, which served well their day and generation, gradually replaced by the medical departments of universities; the standards for matriculation and graduation have been raised, the course of study lengthened and many new subjects have been added to the curriculum; and adequate provision has been made for the systematic teaching of the fundamental sciences in extensive and well-equipped laboratories, under the direction of full-time professors.

A further tendency has been apparent during the past few years to separate medical education more widely from practice, to regard it as “primarily an educational and not a medical question.” The application of this principle has already resulted in radical changes in some institutions, where the professorships in medicine, surgery and other clinical branches, have been given to men devoting all their time to teaching and research, to the exclusion of consultants or those otherwise giving a part of their time to private practice. Some authorities have gone even further, and advocate the displacement of the latter altogether as clinical teachers, because they believe it is impossible for men busy in practice to give the necessary time for the proper discharge of their academic duties.

Considering the amount of executive work thrown upon the head of a clinical department in a large medical school, such as limitation of his private work, has apparent advantages, though in some institutions a more democratic plan has been adopted to distribute the burden, namely, by vesting control in a departmental committee instead of in one individual.