

foundation of the study of medicine; and I think if two years is not enough we should charge our curriculum and have them come up for their primary examination at the end of three years. I do not think you can get too much practical anatomy. It is a subject that they all dread at their examinations; and if that time is not sufficient for them to get it up in let the examination be held the third year instead of the second; but I quite agree with what Dr. Williams and Dr. Fowler have said, and I do not propose a first year student should on the head and neck, but he can take the arm or leg.

Dr. Britton—That is nearly as hard to do well. It takes nearly as long.

Dr. Bray—If you give him only one side he will not be perfect. He won't know how to do each. He will only begin to be proficient when he goes over it again.

Dr. Britton—It takes two months to dissect the head and neck.

Dr. Bray—That proves that two years is too short a time for a student to work up his anatomy. I was not there when this matter came up before the Committee, if it came up before them, and consequently I am in a position, although a member of the Committee, to take exception to it. I do not want to make it too hard on students nor on those who have to procure the subject, but at the same time, I want the study of anatomy to be thorough and practical.

Dr. Thorburn—I think there is rather a misunderstanding than any real difference between the different members of the Council here about the importance of anatomy. We all claim it is of importance, the most important study in which a student has to be engaged, but we contend it is impossible to do the whole body thoroughly within a certain limited time; and therefore we limit what they do go over they shall know thoroughly. I have been connected with anatomy more or less for many years, and I know, and the experience of all teachers of anatomy is, that a student who hurries up and dissects and gets through too much, and likes to talk about it, is generally a very indifferent man; but the man who will work constantly and carefully is one that will learn his anatomy and who will keep that knowledge in his brain; therefore I support the amendment of Dr. Britton in that respect. Our instructions should be that one half of the head and neck and not less than an extremity,—a lower extremity, and the abdomen and thorax.

Dr. Harris—I think that Dr. Britton's recommendation is very like the report.

Dr. Britton—It is, except it may be awkward, that certain students may have the arm to dissect the first year and the leg the next year; it might be more satisfactorily arranged that John Brown, for instance, would have a leg and Henry James

an arm, whereas Brown might be first year and James second year; we say here the upper extremity the first year and the lower extremity the second year, but I think it would be far easier for the demonstrator in anatomy to arrange the distribution of his subjects if we do not limit him down.

Dr. Williams—I will move that the clause read be struck out.

Dr. Harris—If you strike that clause out I presume that you intend to leave the old clause in the Announcement as it is.

Dr. Williams—If that is struck out then we will fall back on the clause in the curriculum; and then, if we are so disposed, we can amend the clause in the curriculum. If you strike this clause out then what you have is the clause in the curriculum; and when you are back to that if you think that clause should be amended you can then move to amend it. But I believe the clause in the curriculum is better than that recommended.

Dr. Harris—Students and teachers cannot understand it.

Dr. Williams—We can modify the clause so that they can understand it. When we strike that clause out we can make a motion to amend clause 6 in the curriculum.

Dr. Williams moved that the word "whole" be struck out of clause 6, page 14, Medical Curriculum. Carried.

Dr. Henry moves that the name of Dr. McKinnon, of Guelph, be substituted for the name given in the report (Dr. Small), an examiner in Materia Medica and pharmacy.

Dr. Williams—If you catch the run of this report you will see they are retaining all the old examiners. I do not understand there are any new ones made.

Dr. Harris—I may say also that Dr. A. A. McDonald is put on in Midwifery, instead of Dr. W. J. Wilson; there are two changes made.

Dr. Williams—The Council ought to know whether the changes are made for cause. If you put the bulk of the examiners back, the inference will be if you drop two men out it is for cause, but if you are making a general change then all men stand alike, but you should remember when you drop out a couple of men, and retain others that have been on equally as long, and some perhaps longer, it looks as though it was for cause.

Dr. Bergin—I do not think it is fair to the committee to say, that because we substitute two new names in the place of two who have been examiners, that we do so because we have lost any confidence in them or anything of that kind; we must not lose sight of the fact that a large number of these examiners (all but five) are appointed by medical schools, and consequently they nearly all come from Toronto or its near neighborhood; and the eastern part of Ontario