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INTRODUCTORY ADDRESS

(2)

DELIVERED AT

THE COMMENCEMENT OF THE MEDICAL SESSION

AT

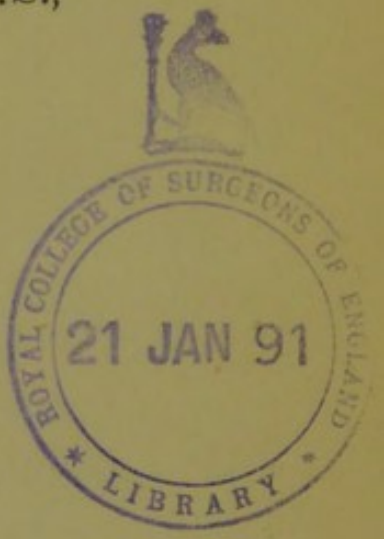
ST. THOMAS'S HOSPITAL,

OCTOBER 1*st*, 1887.

BY

R. W. REID, M.D., F.R.C.S.,

LECTURER ON ANATOMY.



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INTRODUCTORY ADDRESS.

MR. TREASURER AND GENTLEMEN,

In deciding upon the subject I should select as the foundation of the introductory address, which my colleagues have honoured me by asking me to give, I have experienced the greatest difficulty.

At first I naturally turned to that department of Medical Study, which has hitherto interested me most, and with which I am more immediately connected, and I thought I might select from it some topic of more or less general interest, such as a review of the advances which have been made in the study and teaching of Anatomy during the present century, or that I might take up some branch of the allied and extremely interesting subject of Anthropology, and dwell upon it for a little time. It then occurred to me that by so doing I should defeat the object of the "introductory address," seeing that it is one *essentially* intended for those who come here for the first time with the intention of beginning the study of medicine.

I have, therefore, thought that the time at my disposal may be best spent by shortly tracing the "*life history*," if I might be allowed to call it, of a medical student during the four years of his training at this school, in order to gain the coveted diploma to practise medicine and surgery. In doing this I shall be able to point out, in some degree, what any one entering upon his study has to look forward to, and also to take

notice of some of the more common mistakes which, it seems to me, students commit while passing through their curriculum.

I should wish to consider, particularly, the *early* part of the curriculum, for the reason that the first two years of medical study are frequently felt by the student to be the most irksome, and the course I shall follow is that laid down in our calendar, as required by the Conjoined Examining Board of the Royal Colleges of Physicians and Surgeons.

Before proceeding further, I wish, in the name of the authorities of, and my colleagues in, this medical school to welcome very heartily those gentlemen who have come among us for the first time, and also to welcome back those familiar faces whose owners are already more or less conversant with the privileges and requirements of this great educational institution.

The life of a medical student may be looked at in *two* aspects: firstly, in its professional; and, secondly, in its social. To the former of these two I desire to direct attention.

In its professional aspect there are two separate periods of a student's life, viz., the *first two years* of his course, wherein he studies the structure and functions of man in his healthy state, with the addition of the sciences of botany, comparative anatomy, chemistry, and materia medica, in order to prepare him for the *second period* of his existence, wherein he investigates the human body in its diseased or injured condition, and the proper application of suitable means and remedies to relieve, if possible, this diseased or injured state. I should like particularly to draw a distinct line of demarcation between these two periods of a student's life, and no student ought to attempt to approach the

latter without having first mastered the former; or, to put the matter plainly, no student ought to have anything whatsoever to do with the clinical treatment of disease before he has passed his examinations in the preparatory subjects of chemistry, anatomy, physiology, and materia medica.

Let us now suppose that a student has decided to join this school and that his name has been duly entered upon the pupils' register.

He begins his medical study by spending his first lecture hour in listening to an address upon the importance of anatomy, and the best way of studying it.

Anatomy, in its generic sense, is the science which determines the structure of organised bodies, whether dead or living. It resolves itself into vegetable anatomy or botany, treating of the structure of plants, and animal anatomy or zootomy, searching out the structure of animals. The latter divides itself, firstly, into a comparison of the structure of different animals with one another, constituting what is called comparative anatomy; and secondly, into the investigation of any individual animal, constituting what is known as special anatomy.

The anatomy of our calendar means the special anatomy of man as distinguished from that of the lower animals, and in the study of his structure in all its details, students are called upon to begin their professional life.

It is almost superfluous for me to speak as to the importance of this study. It goes without saying that we must understand the structure, appearance, and relations of the constituent parts of a machine before we can understand its working as a whole, or be able to put it to rights if it goes wrong. Similarly, it is

evident that we must know the detailed structure of the human body, before we can understand the function of its several parts or attempt to repair it should any of those parts get out of order.

As one would expect, therefore, anatomy is the oldest of all the medical sciences. The precise time of its origin is very uncertain. The Egyptian embalmers must have had some knowledge of the human body acquired in the process of the preservation of the dead, but as they were of the lowest order, and abhorred by reason of their occupation, what knowledge they possessed they kept to themselves, and left no record of it behind them.

We may divide the early rise and progress of the science from the fabulous ages to Hippocrates, from him to Galen, then to Vesalius, and then to Harvey, who died in the year 1657.

After Harvey's day the School of St. Thomas's Hospital played an important part. I believe this is the oldest regular anatomical school in England, and, if I say in Great Britain, I believe I am not wrong.

Previous to its formation lectures upon anatomy were given at the College of Barber-Surgeons of London (afterwards the Royal College of Surgeons of England) and at the Royal College of Physicians, by members or fellows of either college under the various titles of reader, master, or professor of anatomy. It is interesting to notice that these posts were, with a few exceptions, held by physicians and not by surgeons, and that Mead, a physician of this hospital, held the office of reader in the year 1711, when he delivered a series of lectures upon the muscles, and thus was one of the first to hold the still existing post of Arris and Gale Lecturer at the Royal College of Surgeons.

It is needless to say that the much coveted prize at this school for a special practical knowledge of medicine, pathology, and hygiene, is the medal bearing the name and likeness of that illustrious physician.

The practice of the *dissection of the human body* was introduced into this country by Caius (a name familiar to all our Cambridge men), shortly after his return from Padua about the year 1546 or 1547. He first taught practical anatomy in the Barber-Surgeons Hall of London.

To William Cheselden is due the first formation of this anatomical school, and for this reason a short sketch of his life may be interesting.

He was born in the county of Leicester in 1688, well nigh, therefore, two hundred years ago. His early training in anatomy he derived from the celebrated anatomist Cowper, in whose house he resided. At the early age of twenty-two he began to read lectures upon anatomy, first at his own house and afterwards at this school. He lectured for *twenty years*, his course consisting of thirty-five lectures repeated four times a year. He seems to have been passionately fond of the study of anatomy, for we find that he was called to account in 1714 by the company of Barbers and Surgeons for having bribed the officials at executions, and thereby having obtained the bodies of criminals, which he dissected at his own house at the same time as lectures were being delivered at the hall of the company.

At the age of twenty-three he was elected a fellow of the Royal Society, and among his anatomical and physiological contributions to the Philosopical Transactions is a description of human bones, belonging to the skeleton of a man a little over eight feet high, dug up in the site of a Roman camp near St. Albans in 1712 ;

also a short, but extremely interesting, psychological paper on the sensations of a boy on recovering his sight after being couched for cataract. The boy had been born blind, or had lost his sight so early that he had no remembrance of ever having seen.

In 1733 Cheselden was appointed principal surgeon to Queen Caroline, and "head surgeon" to St. Thomas's Hospital. He resigned the latter appointment on the 24th March, 1738. When St. George's Hospital was founded in 1733 he was elected one of the surgeons, and on his resignation in 1737, he was appointed consulting surgeon. In the same year he seems to have abandoned the more active pursuit of his profession, for we find that he accepted the honorary surgeoncy of the Royal Hospital, at Chelsea. He held this appointment until his death, which took place at Bath on the 10th April, 1752, after an apoplectic seizure, at the age of sixty-four. He was interred, as he had previously directed, in the burial ground belonging to the Royal Chelsea Hospital.

As far as surgery is concerned, Cheselden's name will ever be known in connection with the operations of lithotomy and iridectomy for artificial pupil.

To his splendid attainments in anatomy and surgery, Cheselden united a knowledge of mechanics and architecture. This knowledge was of no mean degree, for the picturesque old wooden bridge stretching across the river at Putney, and recently removed to make room for the more modern metropolitan erection, was built in 1729, from a plan drawn by him. The Surgeons' Hall in the Old Bailey also was chiefly built under his direction.

Cheselden became known to many of the eminent men of his day. He was intimate with Pope, by

whom he is often mentioned with honour and affection. This intimacy is shown in the short letter which Pope wrote to him in 1739, and in a correspondence between Pope and Swift in 1736, in which Pope speaks of him as "the most noted and the most deserving man in the whole profession of chirurgery," and one who "has saved the lives of thousands by his manner of cutting for stone." Pope has also mentioned him along with Mead in a line of his "Imitations of Horace."

Alexander Munro, who may be said to have been the real founder of the Edinburgh Medical School, was one his favourite pupils, and Hunter also attended the practice of the Chelsea Hospital while he was surgeon there.

In disposition Cheselden was gay and affable, and seems to have been particularly fond of athletic sports, especially boxing.

As an author, Cheselden wrote the standard text-book of his time, viz., a work entitled 'The Anatomy of the Human Body,' and of which thirteen editions were issued. His great work upon anatomy, however, was his 'Osteographia,' dedicated to Queen Caroline, and one of the most beautifully illustrated works upon osteology ever published. The plates are extremely accurate; the text is meagre in anatomical description, but contains many important physiological observations.

The Cheselden medal, given annually at this school for a special knowledge of surgery and surgical anatomy, is a triumph of the medaller's art.

After Cheselden, we find, as lecturers upon anatomy, the names of *Else*, also professor of anatomy at the Royal College of Surgeons; *Cline*, whom Sir Astley Cooper speaks of "as a moderate anatomist, but sufficiently informed for teaching and practice, a man of excellent

judgment, but one whom politics and agriculture has drawn from the contemplation of his profession." *

We then come to Sir Astley Cooper himself. Cooper taught anatomy and surgery for a period of thirty-five years, in conjunction, first with Mr. Cline, then with Mr. Henry Cline, and lastly with Mr. Green. He was appointed Demonstrator of Anatomy in 1789, and resigned the Surgery Lectureship in 1824. Cooper's name, in regard to anatomy, is chiefly associated with his discoveries in connection with the lymphatic system, descriptions of the parts concerned in different forms of hernia, and the structure of the breast, thymus gland, and testicle. A number of his preparations, showing these different points, are still preserved in our museum. He did not confine his attention solely to anatomy in its human aspect, for we find that he was appointed Professor of Comparative Anatomy at the Royal College of Surgeons in 1813. The lectures which he then delivered were the first set of lectures on that subject publicly delivered in London. They related to the classification of animals, and to certain anthropological subjects.

The study of human anatomy may be looked at in two ways:—*firstly*, as the means of acquiring a knowledge of the structure of the body, whereby the student is placed upon a platform from which to view the functions of the body in health, and thereby to properly appreciate the effect produced upon the body should those functions become deranged; and, *secondly*, as a mental training.

I claim for human anatomy, not only the study of

* Cline was a personal friend of Jenner, and was the surgeon to perform the first successful vaccination in London.

the parts of the body which we can see by the naked eye, but also the study of minute details, too small to be seen in the ordinary way, but which, when treated with chemical reagents, and otherwise specially prepared, become visible by the aid of the microscope. In the latter study, termed general anatomy, or histology, I warn students not to come to too rapid a conclusion as to what they see when they view a part of the body through a microscope, as frequently the mode of the preparation of the specimen is apt to alter the minute appearances of the parts. I should advise every student to *look well* at the object he has mounted upon the glass slide, first with his unaided eyes, and then by means of a low power of the microscope, and make out as much of its structure as he possibly can in that way before he subjects it to higher magnifying powers. I think that this training of the eyes to observe the general arrangement, or the topography of microscopic specimens, is extremely useful and often neglected.

We may study the human body at different periods of its life, from the earliest appearance of the embryo to its fully formed state, and see the successions of forms which it presents at the different periods, constituting what is called embryology or developmental anatomy. This study is extremely important, as by an understanding of it we can explain a large number of the irregularities and malformations to which the human body is liable.

Again, we may study human anatomy with reference to the laws which have determined the structure of the body, constituting morphological anatomy; and lastly, we may study man, or rather the human race, considered as a whole, in its separate individuality, and

in its relations with the rest of nature. This last branch of anatomical investigation is termed anthropology.

Now, as it is impossible, in the matter of time, for an ordinary course of lectures upon human anatomy to embrace all these several branches, the student will find that certain of them are relegated to lecturers upon other subjects. Hence he will find that histology and embryology are taught by the physiologists, and that what is left to the human anatomists is an investigation of the structure of the body in its macroscopic as distinguished from its microscopic sense.

As a *mental training* for the student beginning the study of medicine, I know of none better than that of anatomy. In the first winter of his course he is called upon to master the subject of osteology. At first, I must confess, one is apt to be somewhat discouraged by the apparently infinite number of facts, details, and unfamiliar names to be remembered in this branch. I can assure students of the first year, however, that, by thoroughly applying themselves to the acquisition of these details, their time is not lost; that, by so doing, they train their aptitude for observation, and cultivate their memory. I wish particularly to impress this upon those beginning their curriculum, for I have always noticed that those who set about knowing their osteology thoroughly and show themselves masters of the subject at the end of the first winter session, have educated themselves in such a way that they master in a corresponding degree subjects which they have to study afterwards.

What I have said with regard to osteology applies equally to the more advanced anatomy which students devote themselves to in the second year of their course.

I know of late it has been the practice of some to disparage the subject of human anatomy, for they say it is a worked-out subject and simply consists in the recollection of a number of details, which, almost as soon as they have been acquired by the memory, so soon they leave it. To such persons I should say that human anatomy is *not* a worked-out science, as the recent advances in the knowledge of the structure of the brain and spinal cord, and the exact position of some of the abdominal viscera, testify—advances which have formed the foundations for some of the recent rapid strides in the arts of medicine and surgery—and that the mastering of the so-called number of facts is the most healthy mental exercise the beginner can be put to; for, after all, the arts of medicine and surgery rest upon a basis of accumulated details arranged in their proper order. The sooner therefore the student gets into the habit of observing minutiæ, classifying them, and arranging them in such a way that he can thereby be able to draw deductions from them, so much it will be the better for him.

I have frequently noticed that some, I may say, the majority of students, attempt in their anatomical study to get up the various facts as if they were trying to remember a list of names without any meaning and having no connection with one another. To my mind this method is fatal, and is the one which has principally given rise to the idea that anatomy is dry and uninteresting. If students would only use their *common sense* a little, consider for a moment the meaning of the term they are using, think of what is the probable use of the structure they may be looking at, —in short, contemplate the various organs and parts of the body *intelligently* in all their aspects,—they would

find that instead of anatomy being an uninteresting study, it is one replete with all manner of mechanical and physiological problems of the greatest interest and importance.

I think that the fault of there being a lack of interest taken in human anatomy does not rest entirely with students themselves, but that both teachers and examiners are greatly to blame. Under the present system, teachers (and teachers are obliged to be guided by examiners, whatever may be said to the contrary), are apt to handle the subject as if it were one entirely set apart by itself and having no connection with any other. They seem to strive to crowd into a short winter's course as many isolated facts as they possibly can, without having due regard to the *object in view* in the study of these facts. I am sure that if the huge amount of material to be gone over in the short space of two winters were sifted out more into what was important and what was less so, and that if all matter not having some reference to the future work of the student were eliminated from the study and examination of the ordinary "*pass-man*," the labours of the first two years of a student's life might be greatly lessened.

As far as the *Fellowship* and *University honours-men* are concerned, the longer period of *three years* being allowed for their study, the subject might be treated in a somewhat more purely scientific way, looking at it more from the comparative, morphological, and mechanical adaptation sides, always, of course, presupposing an intimate knowledge of the simpler facts which have peculiar relation to the arts of medicine and surgery.

With regard to the younger and fascinating subject

of physiology I feel somewhat diffident in speaking. Within the last few years it has made such rapid strides, that unless one is in the position of what is called a "pure physiologist," one is hardly competent to say much about it.

So much has this been felt at this school that it has been considered advisable to secure the services of one who shall devote his whole time to the study and teaching of the science, and I am proud to say that a former distinguished pupil of this school, and one who now bears a high reputation as a scientific physiologist —I mean Dr. Sherrington—has agreed to re-join us in that capacity.

Physiology is a science which first of all supposes a knowledge of the anatomical structure of the body, and then applies chemistry and physics to investigate the laws of life. Unfortunately, according to our present curriculum, we find that in the first year of their course, students are required to study physiology *at the same time* that they study anatomy, chemistry, and physics. Happily, however, the authorities require a very *elementary* knowledge of physiology at the *end of the first winter session*, so that the student can devote the *greater part* of his first winter to chemistry, physics, and elementary anatomy.

I would strongly urge beginners to devote, *in their first year*, the *larger* part of their energies to the mastery of the preliminary scientific subjects of chemistry and physics. If they do this, and get rid of them by examination at the appointed time, they will find that they can throw themselves heart and soul, in their second year, into the more immediately medical subjects of advanced anatomy and higher physiology.

I have not spoken of materia medica, botany, or

comparative anatomy. As far as materia medica is concerned, I must confess that I am obliged to say that *per se* it is a somewhat dry and, to the first year's student, uninteresting subject. Its place, in the first summer, seems to me an early one; still, I dare say, it naturally follows a course of chemistry. In its therapeutic sense it is anything but uninteresting, but considered in that sense, its place as one of the subjects of the first summer seems to me nothing short of absurd, seeing that it implies, or ought to imply, a certain amount of knowledge of physiology and of the different forms of disease, which knowledge the student does not acquire till the second year in the first case, and the third and fourth in the last. However, as we are obliged to devote ourselves to the different subjects in the order they are prescribed, all I can say is, attend diligently to the lectures delivered upon that subject. Look at, handle, smell, and, it may be, taste (with care!) the drugs displayed in the Materia Medica Museum, and take advantage of the thorough and practical teaching in the dispensary of the Hospital.

I pass over botany and zoology, as I think they ought to be made subjects entirely preliminary to medical study, and at present the Examining Board does not require a knowledge of them. They are subjects which tend to elevate and cultivate the mind in the highest sense of the terms, and I trust that, should the conjoined diploma conferred by the Royal Colleges of Physicians and Surgeons be raised to that of a University Degree, they shall be made compulsory examination subjects, but to be passed before those which are more purely medical.

For the purpose of the student acquiring a know-

ledge of the subjects I have mentioned, our school provides: (1) Systematic Lectures, and (2) Practical Teaching.

As to the first, I have frequently heard students say: "What is the use of attending lectures? It is a waste of time; I can read all the lecturer has to say in my text-book." In reply to this I should simply answer that I have found that in nine cases out of ten such students are not the best students, that they are generally those who put off to-day what they think they can do to-morrow, and as a matter of fact that to-morrow rarely comes. Such students usually defer all work until the approach of examination time, when they put on a spurt, as it were. The result usually is that the student finds himself in a complete muddle, and does not know where to begin the study of the subject or subjects he is to be examined upon.

If he be one possessed of ability above the level of that of others (and that is a very great rarity), he acquires a superficial knowledge, just enough to satisfy his examiners; but knowledge which, after his examination is over, as rapidly leaves him as it was rapidly acquired.

If he be one possessed of ordinary ability, the chances are he cannot extricate himself from the confusion he has got into. He makes up his mind, at all hazards, to have a "try" at the examination, and in the majority of cases fails.

If he be one somewhat more conscientious, he finds it is utterly impossible to master his work so as to be at all up to the proper standard, and accordingly defers presenting himself for examination until a future period.

The last two sets of students now find themselves

behind their class-fellows in the progress they make in their work; many get dissatisfied; some disheartened; a few desperate, and begin the unenviable career which we, as medical students, term "chronic."

A lecture implies not a mere discourse, but it entails a demonstration by diagram, specimen, or experiment—in short, it means "*teaching*" in the proper acceptation of the term. By attending such a lecture the student's time is far from being wasted. He will find that the matter is arranged for him in a proper order for his study at home. Besides, no amount of reading can make up for the help given by the living voice of an enthusiastic lecturer aided by proper illustration of his subject, and of whom questions may be asked by which obscure points can be cleared up. Again, too, students, by simply reading at home are apt to reckon all facts they read of at about an equal value. The duty of a lecturer is to pick out the important ones, lay stress upon them—in short, *guide* the student in the proper study of the subject in hand.

It is far from my intention to discourage reading, but what I should like to impress is that attendance on lectures and reading should go hand in hand, and that an absence of the one is as bad as that of the other, and that in all cases it is desirable to read up the subject of the lecture before attending it.

By *practical teaching* I mean the superintendence given by the several lecturers to students working at the different subjects, on their own account, in the various workrooms of the school.

It has often struck me, that, as Professor Flower has truly said, "the innumerable facilities now offered to students of acquiring a knowledge of a subject are

sources of weakness rather than of strength." It seems to me that there is a gradual growth of a want of *self-reliance* of the student in his work. He expects to find everything arranged "cut and dry" for him, so that he has simply to open his mouth, swallow it, and as readily disgorge it at his coming examination. I have noticed this particularly as far as the practical work in anatomy is concerned; for on thinking over the amount of work done by students themselves in the department devoted to that science, I am obliged to confess that in many cases a proper advantage was not taken of the material supplied. It seems to me that students are apt to trust too much to drawings and already-made museum specimens, and think that time is thrown away in making out things for themselves. Now I should *emphatically* warn students of the first year against falling into this mistake. No amount of looking at, or it may be handling, a specimen made by another is equal to the making of one one's self. We may take it that the permanence of knowledge acquired is in direct proportion to the labour spent in its acquirement; and although it is very natural for us to trust upon others, especially when it will save us trouble by doing so, yet knowledge gained in such a way is only superficial and temporary, and is sure to fail us when we want it most.

I should not like, however, to under-rate permanent anatomical preparations. They are very useful for those who have already passed through their practical course, and who may wish to refresh their memories upon some matter about which they are in doubt; or, again, a certain few specimens, showing structures which are somewhat difficult to display in the ordinary way, are helpful to act as patterns for the student to

work from. But I am the last person who should like to see our museum stocked with a series of permanently mounted specimens, illustrating the various organs of the body *seriatim*, as I feel certain they would tend in the long run to do more harm than good. I say this because I have sometimes heard it said that our museum is poor in regard to its human anatomical collection. Our museum is intended to be simply a collection of teaching specimens, to be used as auxiliaries to lectures, and therefore shown to the student at the discretion of the lecturer. It is not in any way intended to vie with the magnificent anatomical collection in the Museum of the Royal College of Surgeons, which being a representative museum, displays the structure of man as it does that of any other form of animal life.

There is another very common error made by students, and that is their not realizing the importance of a regular attendance upon the *examinations* which are held in the various classes, at stated periods, throughout the session. Everybody knows that examinations are disagreeable things, I might almost say necessary evils, but as the student has some day or other to submit to the trying ordeal at the Examination Hall, it is well that he should become accustomed to them as soon as he possibly can. The examinations held in this school are arranged upon the same plan as those the student has to pass before the Examining Board. They are divided into *Written* and *Practical*, or *vivâ voce* examinations. *Written examinations* are very useful in training a student to express in proper order his ideas in writing, but of the two I think that, both from the examiner's and the examinee's point of view, by far the most useful in every

way are the *vivâ voce* or *practical ones.* Many students are apt to neglect attending these. Some do so because they dislike being asked questions in presence of their fellows, others because they say they learn little from them. Looking at them from the student's point of view, I think that the mere fact of being examined is a good thing, as it gives the student confidence in himself; he gets accustomed to the situation, as it were, and by training himself in this way on every possible occasion, he is able to display the knowledge he possesses to the best advantage when he has to appear at the more serious examinations for diplomas to practise. Again, too, the mere fact of listening to the examination of others is extremely useful, as by this means the student can compare his own knowledge with that of others, and, in short, guage the progress he is making in his work. I trust, therefore, that students will not fall into the mistake of shirking these class examinations, but attend them regularly, for they will find that they are conducted in such a way as to be for the mutual advantage of both student and teacher.

Let us suppose, now, that having acquired the requisite amount of knowledge of the human body in health, the student begins the *second stage* of his professional life—the stage wherein he applies what he has previously learned to investigate the diseases and injuries to which the human body is liable. All that I have said previously in relation to the study of the subjects preparatory to the purely medical and surgical ones, applies to the study of medicine and surgery themselves, with this difference, that the student is now dealing with the living, instead of, for the most part, dead material. Consequently, besides exercising

his powers of observation and judgment, he has to cultivate what is called "*tact*" in dealing with his fellow beings, whose mental condition is in an abnormal state by reason of the disease or injury they are suffering from. I, as one who devotes his time and energies to the teaching of one of the preparatory medical sciences, am not in a position to speak with any authority as a teacher of the purely medical and surgical sciences themselves; but, looking at them from the "lay" side, or patient's point of view, the *two* things which strike me students ought to strive never to lose sight of are the attributes of *firmness* and *gentleness*. There is nothing that upsets a patient more, or is more likely to make him lose confidence in his medical attendant, than seeing him, on the one hand, vacillating in his opinion, or on the other hand, rough in his dealings towards him.

An absence of fussiness, a quietness of demeanour, a never giving unnecessary pain by rough or thoughtless handling—in short, a constant recollection that it is the *sick* and not the *healthy* that one is dealing with—are qualities which every medical man ought to possess.

Although the space of two years is a very short one for a student to acquire the minimum standard of knowledge required by the Examining Board, in the subjects of pathology, medicine, surgery, and midwifery, yet I think that in the acquiring of that knowledge students are apt to lose sight of the idea that it is knowledge *superadded* to that which they gained in the first two years of their curriculum. It is a thankless task to be always finding fault, but it seems to me that students are inclined to think that after they have passed their examinations in anatomy and physiology, it is their duty to throw these subjects aside, to forget all

about them, and to begin the study of something, as it were, entirely new. If, instead of this, they devoted a little of their energy in the keeping up of the particular points in anatomy and physiology of which they can now realize the importance, by spending any spare time they may have in the anatomical and physiological departments, they would find it greatly to their advantage, and especially so in reference to the examinations they have to pass in medicine and surgery at the end of their course.

I am afraid a great deal of what I have said may have seemed very tedious and uninteresting to a large number of my hearers, and for this reason I beg to thank you for your kind attention; but if I, as one living his life among medical students, have been able to throw out a few hints which may be of use to those now entering our school, I shall feel I shall have gained the object aimed at by the delivery of the "introductory address."

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