A CONSIDERATION OF THE CLINICAL
AND DIDACTIC METHODS OF
TEACHING MEDICINE

Before undertaking to expati ate upon the main
thesis of this essay, it might be well to explain briefly
what is meant by the term "the teaching of medicine." 
Broadly speaking, what is understood by this term
is the application of the science of biology, anatomy,
physics and physiology, chemistry and biochemistry,
pathology and bacteriology, to the study of disease
as presented by the patient. It is the correlation of
the sciences related to medicine, to the art of achiev-
ing a diagnosis of the morbid process from which the
patient suffers and to the art of relieving the patient
after the presenting symptoms and signs have been
interpreted properly. Medicine as distinguished
nowadays is further delineated by the adjective "in-
ternal," implying that the disease to be recognized
and treated lies within the three larger cavities of
the body, the cranium, thorax and abdomen, in con-
tradistinction to some of the smaller offshoots from
the main stem of medicine which are recognized as
the specialties and which deal with lesions of the
skin, the nerves or the special senses.

Having defined what is the usual conception
of medicine in its broad sense, it should now be possible
to trace the development that has taken place in
the methods of teaching students in the undergraduate
medical schools within the past few years. In the
United States, a hundred years ago, the teaching was
almost entirely individualistic. A student attached
himself to a preceptor, who in theory at least was
qualified to guide the neophyte through the intricacies
of a medical training. On the one hand, such a
method of training had the advantage of permitting
the student to come into intimate contact with dis-
ease from the start of his training; on the other hand,
the great bulk of the preceptors were little qualified
to teach and to instruct. In the beginning of the
past century such a method of training gradually was
succeeded and replaced by the springing into being
of more or less inadequate medical schools whose
training of the student was almost entirely dogmatic
and didactic and who depended for their very ex-
istence upon the fees that were collected from the
students. Towards the end of the nineteenth century
at Harvard, Johns Hopkins and the University of
Pennsylvania, as Garrison relates, "medical teaching
began to be true university teaching, in the sense of