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A CONSIDERATION OF THE CLINICAL AND DIDACTIC METHODS OF TEACHING MEDICINE

BEFORE undertaking to expatiate 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 achieving 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 "internal," implying that the disease to be recognized and treated lies within the three larger cavities of the body, the cranium, thorax and abdomen, in contradistinction 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 disease 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 existence 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

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