

# On Taking Notes

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During the past few years there has been an increasing tendency for the student to desert the old-fashioned custom of taking his own notes in classes. Instead he buys reams of typewritten or mimeographed notes from which to study. While this change may have some advantages, they are greatly outweighed by its disadvantages. The former are obvious. In some classes it is next to impossible to write down the lectures as given. The character and extent of the material forbid it. To those whose handwriting is poor, mimeographed notes offer a means of review that will not have to be preceded by translation. However the chief advantage is that the student can rest from his labour and concentrate on the lecture itself, rather than the mere transcribing of notes. Unfortunately, it is this fact that leads to the most serious abuse of the system. Too often the student uses his printed notes as an excuse for "cutting" classes—saying to himself that he had all the necessary material in his typewritten library. Nor is all the blame due the student. The Professor may let his class degenerate into a mere reading of the notes, which can become a most deadly bore. Still the vicious circle continues with more "cutting" of classes until finally a Bull is issued which necessitates a certain percentage of attendance at all classes. Surely it is a disgrace that at a Grade A medical school, the authorities should find it necessary to insist on attendance at lectures.

Some classes, though, adapt themselves admirably to the use of printed notes—for example, Anatomy, Obstetrics and Gynaecology. In Anatomy, the Professor explains only the more difficult sections of the notes and devotes more time to diagrams and visualization. In Obstetrics, the same prevails—explanation and demonstration, but never a boring reading of the notes verbatim. In Gynaecology, the teacher has no notes and devotes his hour to questioning and explanation. The students' notes are not at all good—but very useful for a review preceding an examination.

In other classes, such as Medicine, Surgery, Paediatrics, Physiology, Pharamacology, Pathology and Bacteriology, the notes are grossly abused. Concerning Pathology and Bacteriology it is very difficult to conceive of a good system. The courses are bulky and require much time, but certainly a portion of the time spent in reading the notes, as well as the hours spent in making side notes, could be more profitably used in discussion. The objection raised is that no text can adequately cover the field—but would not a student's hand-written notes be sufficient supplement to a good text? The other courses above mentioned most certainly do not lend themselves to the typewritten note system. In all, the lectures only supplement prescribed texts, and all notes may be easily taken by hand.

Another grave disadvantage is the cost of type-written notes. Much more money is spent than is usually realized—for example—thirteen dollars for pathology notes, and, for the others prices scaling from three to five cents a page depending on the bulk and demand for them. For most

subjects good textbooks could be bought for little more than the price of the notes. Another fault is that in many cases the notes are taken from the lectures written down by a student several years before, and besides the original errors, many have been added by generations of stenographers, so that they finally reach the student poorly arranged, and filled with gross inaccuracies and misspelling. Indeed, it is often more annoying to try to read one of these products than to decipher one's own writing.

The great advantage of writing one's own notes is that writing itself is a process of learning. Every student has his own peculiar methods of learning, understanding and remembering. His notes taken during the lecture when he understood what was being said are usually more comprehensible than the dead shell of a lecture taken years before by some other student with methods all his own. Most personal notes are alive only to the one who wrote them.

It has been said, with some truth perhaps, that the lecture system of teaching is in its dying hours anyway, and why try to revive it. But although the seminar or discussion system is ideal in many classes we have not yet reached the stage where it is generally used, and until such time as we see fit to adopt it, let us preserve and make the best use of what we already have.

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**A CASE REPORTED BY DR. M. JEAN WHITTEN, (Dal. '29),  
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**A** PATIENT was brought to this hospital last fall suffering from a left-sided inguinal hernia into the scrotum. He was only seven years of age and had had this hernia for four years. It had ruptured through the lower part of the scrotum, and for these four years he had an opening which appeared like an artificial colostomy—and worked as such, for he had no bowel movements by the ordinary route. He was brought to hospital for operation, but the same day ran away. His people had been told three years ago that it would be a very serious operation and the child was very much afraid—always running to the jungle whenever any of us went to his village.

However, the first of the year his parents brought him back, knowing that to become Christians they should give some evidence of attending to the health of their child—for if left untreated he would never be fit for a normal life, as the condition was very dirty and disagreeable. I operated on him a few days after his admission—during which time we had tried our best to get him cleaned up. I was very much surprised on opening the hernial sac, to find, although it was on the left side, the appendix together with the caecum and a part of the small intestine. I did an anastomosis of small to large bowel, removed the hernial sac and also the piece of bowel connected with the fistula. He has had an uneventful recovery. He is now no more fearful but as happy as the day is long and will soon be going home.