

out the session. Considerable attention is also paid to pathological microscopy, both medical and surgical. Autopsies are conducted in the *post-mortem* rooms of the Massachusetts General and the Boston City Hospitals. The new autopsy room at the former is one of the most perfect in the world. And here I would wish to acknowledge the extreme kindness of Dr. Jackson in demonstrating to us the noteworthy specimens in the Warren Anatomical Museum and in that of the Society for Medical Observation. To him it was evidently a labour of love, to us a time of much profit. It is a rare and truly pleasant thing to see combined in one man the enthusiasm that too commonly fades with youth and the ripe wisdom of old age.

Materia medica and therapeutics are divided; the former is a second year subject, and is taught largely, as in some of the London schools, by practical demonstrations; the latter is a final branch, and is taught by lectures. My time, I am sorry to say, did not permit me to see the working of this department.

The method of clinical teaching, both in medicine and surgery, is, in some respects, peculiar to the school. In addition to the ordinary bedside instruction and lectures upon cases in the theatre, there are what are called clinical conferences. Cases, either in the hospitals, or, as more frequently happens, to be visited at their homes, are given to the students for diagnosis and treatment; written reports of these are prepared, and are read before the class, to be criticised by the Professor and students. Many cases thus prepared are simply corrected by the Professor and handed back. Without doubt this forms an admirable method of exercising in the student the faculty of close observation, and for enforcing accuracy, since when a man knows that his report of a case will be subjected to close criticism, it tends to make him additionally careful. Nothing that I saw at Harvard pleased me more than the teaching of clinical medicine; it is scientific, thorough, and practical.

I regret that I cannot speak personally of the surgical teaching of the school. In obstetrics operative courses upon the cadaver, after the method practised in Vienna, have been intro-

duced, and are very popular. Clinical instruction is also given in syphilis, otology, diseases of women, diseases of children, and in diseases of the nervous system, by specialists in these subjects.

By no means the least important of the many changes at this school is that in the manner of conducting the examinations, which is now by written papers, instead of by the short oral test, in vogue at most of the American colleges. Each student is given a number by the janitor, known only to that official, and, I believe, to the Secretary. This he appends to his answers to the examination papers, and when the lists are put up, he looks for his number. If figures equivalent to more than 50 per cent. of the total marks are against it, he knows that he has been successful. This is a very simple and efficient way, and obviates one serious objection to the principle of teachers in schools examining their own students. The following facts speak for the quality of the final examination. In '74-'75 thirty-eight candidates for the degree of doctor of medicine presented themselves, of whom eight were rejected. In '75-'76 fifty-six candidates offered themselves, of whom fifteen were rejected and five withdrew. It would be interesting to get similar data from the New York and Philadelphia schools.

It is a matter for surprise that some of the leading colleges in the United States have not followed the good example of Harvard. No doubt it would be accompanied for the first few years by a great falling off in the number of students, and consequent diminution in income, and this, in many instances, is avowedly the chief obstacle to so desirable a step. One or two of the smaller schools have adopted the graded system, and I see by a recent American journal that the University of Pennsylvania has decided to pursue it, though in a modified and curtailed way. These are indications that the medical schools in the United States are being stirred up to some sense of the requirements and dignity of the profession they teach. It is high time. The fact that a Canadian student, after completing his second winter session (not even passing his primary), can go to the University of Vermont,* and, I doubt not, to many other institutions, spend ten weeks and graduate, speaks for itself, and shows the need of a sweeping reform.

* I mention this school because an instance, such as I refer to, came under my notice. The gentleman is at present a fourth year student of McGill College.