

interfere with the recovery of patients, but we are assured by a graduate nurse of one of the largest Boston hospitals that such is not the case, only about three hours, and that in the morning, is occupied by these visits. Such modes of condensed and individual teaching are applied in clinical medicine and in obstetrics with some necessary variation in detail. Both the great Boston City Hospital, the Dispensary and Lying-in Hospital and its out-patient relief service are employed in this work. Students have each a fracture, a minor surgical case, a medical case, six cases of labour to treat themselves and to report on, but always near a consultant if unexpected emergencies arise. The opinion of men experienced in teaching is that didactic lectures should be less frequent, but never abandoned. The proportion suggested is to clinical and laboratory teaching of one to three or even one to four in some subjects. This is especially important in gynæcology, threapeutics, laryngology, ophthalmology and dermatology. It is especially important in the last two where our knowledge is based on what we see and feel. Specialties should be relegated to the Fourth Year, and should be almost entirely taught by clinics. The touch, the sight, the use of instruments of precision, absolute contact with a case should be the means of examination. In the case of operative surgery there should be didactic demonstration, a repetition of all operations by the student—no examination paper. The weekly grinds, we think, are very important and ought to be regularly carried out, and the students encouraged to answer. Many we know through either timidity or fear decline, but this difficulty might, we believe, be entirely overcome. It is the only way to secure active mental participation instead of passive receptivity. This Harvard Committee believes that medicine and surgery should be taught together and not as now, disassociated. Nature draws no such line, and we cannot draw any such line in practice. Pathological processes may be first medical and later surgical, or the opposite. It is important that instead of rare diseases forming part of too many clinical lectures that the student should be made familiar with com-