

as his personal duty. This applies in the main to the fifth year clinics, but it will have to be considered whether under this new scheme the present arrangement of teaching the third year entirely in the Royal Victoria, and the fourth year entirely in the General Hospital, will not have to go by the board - or at any rate be largely modified. It may be of advantage, for instance, to assemble both fourth and fifth years for all amphitheatre clinics. My idea at the moment is to do this, but to alternate, using the Director and the Professor of Surgery (myself and Dr. Bazin, at the moment) for this purpose.

With regard to bedside teaching in wards, I feel that the present arrangement as distributed between the two hospitals can not be bettered; but the students will have a choice as to which teacher among the juniors appointed they will elect.

With regard to the series of didactic lectures, I am strongly inclined to the plan of making these entirely optional. I think it would be better to drop the present system of didactic lectures, which cover the ground of general surgery, in a most abbreviated way, and to refer the students to their books for this purpose. In their place, I would institute series of lectures upon special subjects, such as neurological surgery, thoracic surgery, abdominal surgery, the application of biochemistry, of physiology and of pathology to various surgical problems; selected chapters in genito-urinary and orthopaedic surgery; such fundamental subjects as shock, circulatory diseases, diabetes, amputations, etc. Such lectures would be optional, and the subjects would be