tremely courteous and kind to visitors, explaining things and showing one around. Although Boston has three cliniques in skin diseases, and the throat, I may be wrong, but there seems to me, to be room for a special hospital in these branches either separately or combined. The clinical advantages for students studying at Harvard University are excellent, they have the privilege of attending all the hospitals. There is a vast amount of clinical material, from which, if one is industrious and applies oneself, much can be learned. Clinical lectures are given in all the numerous hospitals by the different Professors, assistant professors, and instructors during the session. Classes are formed and practical instruction is given in all the special branches of medicine, such as Dermatology, Otology, Opthalmology Laryngology, Orthopodic surgery, etc. Special instruction is given in mental diseases at the Insane Asylum. There are twenty-five appointments made in the various hospitals, annually, for internes or house surgeons and physicians and the same number for assistants in the out patient department, these are held for the term of eighteen months at the Massachusetts and City hospitals, at the Lying in, four months, and Woman's Free Hospital, nine months. The appointments are all made by competative examination. Although the Harvard students have every facility for witnessing operations, clinical lectures, practical demonstration, etc., I do not think that they have the freedom of the wards, that the students in England and Canada have. They do not become so thoroughly impregnated with the hospital atmosphere and the patient in all his clinical bearings. Classes of twenty follow the surgeon or physician around the wards, but there is no "clerking" or "dressing" done by the students in the wards, they gain this knowledge when they become internes, but all cannot become internes. There is a little dressing done at the out-door departments; this seems to me to be the weak point in the clinical teaching of Harvard. For skilful interrogating and reporting cases, and dexterity in dressing gives one an experience which is of immense value in practice and tends greatly to one's success. Although this is a loss to the student, it is a gain to the patient at least while in the hospital, they have more quiet and are not bothered by the presence of students, and have the house surgeon and physician to attend to them.

J. L. F.

Boston, March 18th, 1887.

A CLINICAL LECTURE.

Delivered at the Montreal General Hospital, December 13th, 1886,

BY

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PROGRESSIVE MUSCULAR ATROPHY.

The patient now before you, Olivier Sarasin, aged 41 years, came to the out-door clinic last Thursday, complaining of cough and pain in his chest. It is not, however, for this condition that I to-day present him to you, but because he presents a well marked case of Progressive Muscular Atrophy, or Wasting or Creeping Palsy as it is commonly called. His family history is good. His father, mother, and four brothers (out of five) are alive, and the fifth was accidentally killed. He has not any sisters. For 17 years he has not enjoyed good health, suffering much from lumbar pain. Three years ago he first noticed that his muscles were getting softer and then smaller; this was accompanied by gradually increasing weakness. Since that time the muscles of the arms and of the chest have continued to grow smaller, or, to use a technical term, have become gradually atrophied. The origin of the disease is very obscure, some authorities claiming that the mischief is in the spinal cord, while others contend that it is in the muscles themselves. The disease generally commences in the upper extremities, and at first is limited to a certain number of muscles, generally the muscles of either the shoulder, arm or forearm are the first to become affected, and the muscles of the opposite extremity rapidly follow suit. Then it gradually spreads over the entire muscular system, even the intercostal muscles and the diaphragm may be involved, causing death by Apnœa, or the muscles of deglution becoming involved death by inanition ensues. Only the voluntary muscles are affected. It is cases such as I have described, and where the whole muscular system is involved, that are exhibited at circus shows and museums as "living skeletons" which, in truth, they are. The first symptom to direct the patient's attention to the fact that something is amiss is weakness of the muscles, accompanied sometimes by pain on movement. This pain is not severe, and is of a neuralgic character, the muscles feel cold, and their temperature is below normal. The muscular fibres of the affected muscles have often quivering movements; sometimes the patient may not be conscious of it. Sensation is not affected, as I will prove to you by this patient. The appetite and digestion are generally