

clinical surgery there are three honorary surgeons, one of whom is the Lecturer on Surgery at the University. One half of the Hospital fees paid by students is divided amongst the clinical staff, the other half going to the Hospital Trustees. These fees amounted for the year ending the 31st March, 1901, to £283. The members of the clinical staff are all engaged in private practice, and in consequence the time they can devote to their teaching at the Hospital is limited. We are of opinion that the clinical teaching needs organizing to make it more effective.

(b.) NECESSITY FOR A PROFESSOR OF PHYSIOLOGY.

The second great defect lies in the fact that anatomy and physiology are combined under one professor. We have examined the calendars of other schools, and find that both in Australia and at Home these two subjects are taught by separate professors; and, from evidence given by the Dean of the Faculty and others, we are convinced that the subject of physiology has made such great strides since the establishment of the Chair of Anatomy and Physiology that it is essential to the future success of the school to have a Professor of Physiology appointed, who should be provided with proper laboratory and appliances for the modern teaching of this subject.

(c.) OTHER DEFECTS.

The course of study as fixed by the examinations differs from that which obtains elsewhere. We append to this report a statement comparing various schools, and draw attention to the following:—

*Chemistry.*—The examination in this subject in nearly all schools but ours takes place at the end of the first year. With us the examination in inorganic chemistry takes place after the first year, but in organic chemistry after the third year.

*Anatomy* with us is taken after the third year, physiology after the fourth. In all other schools they are both taken after the third year.

*Mental Diseases.*—At present the students have to take a fortnight's course at Seacliff. The Dean of the Faculty is of opinion that it would be better to have, in addition, a regular course of lectures during the session.

*Medical Jurisprudence.*—The lecturer complains that he has no opportunity for practical work; that he gets no *post-mortem* examinations; and that there is no public morgue.

*Pathology.*—The Lecturer on Pathology believes this subject is wrongly placed in the curriculum: that physiology should be learnt first, and pathology taught in the third medical year and come in the final examination. He also thinks there should be lengthened courses—that there should be a six-months course of lectures and a three-months course of practical instruction—and that if the examination were altered he could take the practical course during the summer session.

*Bacteriology* is at present taught imperfectly on account of the short time devoted to pathology; if an additional three months were given to that subject, and a proper laboratory provided, a thorough course in bacteriology could be given.

*Materia Medica and Therapeutics.*—It is reported to us that the three-months course is quite inadequate, and that at least a hundred lectures should be given.

*Midwifery and Gynaecology.*—There does not appear to be sufficient opportunity for practical teaching. There is no maternity home at the Hospital, and what homes there are are scattered and not available.

*Anæsthetics.*—There is no specially appointed anæsthetist at the Hospital whose duty it is to see that the students get practical instruction in administering anæsthetics, and at present all the instruction a student gets is what he can gather from seeing some one else do the work.

*Diseases of Children.*—No special lectures are delivered on this subject; and a graduate of our school finds himself hampered at the start of his professional career from want of knowledge and experience in perhaps the first case he has to attend.

*Surgery.*—It is reported to us that a student in his final year has to duplicate the introductory lectures on the principles of surgery, this taking up two or three months which might with better effect be devoted to lectures on diseases of children.

*Examinations.*—Reference has already been made to the difference existing here in the periods of examination in various subjects as compared with other centres. We believe there is too much crowding of subjects in the final year: that there is too great a strain on students in the final examination. If a student fails in the final examination he has to wait a year before coming up again: we consider this a hardship. At the present time the regulations of the New Zealand University provide that, if a student fails in one subject out of three in the first or second professional examination, he can count the two and come up again for the one in six months. In the final examination he must pass in all subjects at once.

RECOMMENDATIONS.

1. *Hospital.*—The training obtainable in the Hospital is so essential to the success of the Medical School that we believe this hospital district should be specially treated, and the two bodies controlling the University and the Hospital more closely united; and to effect this we recommend that the Council should ask the Board of Hospital Trustees to join with them in applying to the Government to pass a Bill providing that the Council and the Board of Trustees should meet as one body to appoint the honorary staff of the Hospital.

2. *Clinical Teaching.*—In order to organize the clinical teaching, and provide for the better instruction of students, we recommend that there be, as at present, three full surgeons and three full physicians; that an assistant surgeon and an assistant physician should be appointed in addition; and that they should have charge of the out-patient department, and take the place of any surgeon or physician who is absent.