

gists—to play truant, as it were, from his unbending schoolmasters. In recent years there has been, perhaps, too much inclination to apotheosize the morbid anatomist. His brow has been decked even with roses, and now standing high in his suit of sable, he looks upon the clinical surgeon as if his chief duty were to supply him with material.

In the title of my address are the words “from a clinical point of view,” and desiring to emphasize the fact that the word *clinical* related solely to remarks made and work done in the sick-room and in the theatre, I thought it well to call attention to its exact meaning, but on looking it out in “Liddell & Scott,” I found to my dismay that *κλινη* was not only *that on which one lies, a couch or bed*, but, secondarily *a bier*. I confess that the discovery somewhat disconcerted me. If a *bier*, why not a *mortuary table*? At any rate, the word *clinical* is of wider signification than I supposed it to be; so that the pathologist might have right on his side when he claimed that clinical instruction, begun at the bedside and carried, perhaps, into the operating theatre, is not actually complete until he has written the epitaph.

Even on this side of the middle of the dying century, institutions were in existence in which much pathological work was actually done within the walls of the hospital itself. This, of course, we know to have been quite wrong. But surely we have now gone to the other extreme: the pathological laboratory is constantly getting further and further away from its source of supply. The pathologist is no longer a practitioner of medicine, his interest is not in the *case* but in the *subject*. Like the carpenter, he does not interest himself in *living* material; his thought is only for dead tissue. The surgeon sees the human tree during its life (and perhaps helps to fell it), but he now, unfortunately, rarely follows it off his estate. So with the student; he does his clinical surgical work at one time and in one place, and his pathological work at another, and he is unable, I regret to say, to follow any individual case, or any part of it, straight from the ward to the laboratory.

The present arrangement is, of course, incapable of alteration, but it is an unfortunate one for the student; and on his account it behooves the surgeon to do all that he can towards welding the pathological details of his case with the clinical features, so as to represent to his class that the two aspects are inseparable and ought always to be considered together. If, for instance, he is demonstrating a tuberculous knee-joint, he should, whilst discussing the clinical features of the case, explain precisely the histological changes that are taking place; and supposing that a resection or amputation is eventually resorted to, he should show in what respect the morbid conditions harmonize with, and in what respect they differ from, the account which he predicted. He