

ordinary hospital patients, have considered themselves neglected."

This, then, is the true way of imparting clinical instruction, and it has infinite advantages over the old plan at first described. But while we would have this done, we would not have the other left undone; for it, too, may have its uses, and we would have it made subsidiary or supplementary to the teaching in the wards. These didactic semi-clinical lectures in the theatre may thus be utilized, as suggested by Dr. Murchison, for exegetical purposes, and the lengthy elucidation of difficult cases; for placing concisely before the class "the prominent features of a number of different patients," and dwelling "particularly on the diagnosis and treatment of the diseases of which they are the subjects," and reiterating time and again "line upon line, and precept upon precept." These lectures may be also useful as affording an opportunity for discussing the prognosis "which in many cases it would not be expedient to do in the presence of the patient." Moreover, "they afford an occasion for considering the mode of termination of the maladies from which our patients suffer, for reviewing their clinical history after they have recovered, and for determining in fatal cases how far the lesions found on *post-mortem* examination harmonize, or are at variance, with the observations made during life." Lastly, they enable the clinical teacher to point out "the various morbid conditions which may give rise to the same prominent symptom (headache, dyspnoea, convulsions, jaundice, dropsy, hæmoptysis, albuminuria, the typhoid state, &c. &c.) and the means of determining the particular cause in each case."

Of course all this involves a greater expenditure of time and labour and care on the part of the teacher, yet we are persuaded that no one possessing a due sense of the responsibility of his office in educating the embryo physicians of the future, and a sincere love of his profession, will grudge the extra effort entailed upon himself; and for those whose thoughts are only selfish, if any such there be, it may be added that no man can teach another and fail to learn himself.

Having seen in what way the clinical instruction at the hospital is defective, and how it may

be remedied, let us now take a glance at the conditions surrounding the study of morbid anatomy and pathology. Here, too, the medical officers, and not the institution, are chargeable with dereliction of duty as imparters of knowledge, and neglect of opportunities for self-improvement and the instruction of others. In the first place, we are informed on credible authority, the death-rate of the hospital is up to the average, and it is a matter of personal observation that three or four *cadavera* may occasionally be seen synchronously occupying the mortuary, yet it appears that a necropsy is the exception and not the rule. Even if it be granted that those under whose care the patients may have died are so familiar with morbid appearances and pathological processes that the impressions made upon their physical and mental eye do not need refreshing by occasional (not to say constant) inspections; even if their diagnostic acumen so astute as to render superfluous any elucidation of a case by *post-mortem* examination (an opinion of their own abilities and the perfection of medical science not entertained by the distinguished pathologists of the Old World), yet a recollection of the fact that the fleeting moments of the short probationary period of the pupils whom they have undertaken to instruct, will be, for the majority of them, the only season and opportunity of learning to recognize the anatomical changes and morbid appearances effected by the ravages of disease, should at once remind them that the neglect of golden opportunities of imparting knowledge is attended with a terrible responsibility. Besides the fact that the study of morbid anatomy is too much neglected, there remains another crying evil incident to slovenly and incomplete examination in the few autopsies which are made. Speaking from personal observation, we may say that in an occasional experience of the mortuary work of this hospital extending over some years, we do not remember ever to have witnessed a complete and thorough *post-mortem* examination (even in cases of coroner's quest). The absolute necessity of a thorough examination of all systems, organs and tissues (macroscopical and if possible microscopical and chemical) before arriving at a definite conclusion in any case has been of late so strongly insisted upon by all pathologists