

Before proceeding to show how this eminent clinician carries out his plan of clinical instruction, we desire to admit two exceptions to the general charge of inadequate clinical instruction at the Toronto General Hospital. The first refers to the case of clinical clerks, who, of course, have access to the wards at other than the visiting hours, and enjoy the inestimable privilege of personal manipulation and interrogation of the cases. But these do not constitute a tithe of the students in attendance; and even in their case the want of personal supervision and instruction is lamentably apparent in the character of the reports of cases and the hospital records. The second applies to one of the teachers, who, we understand, conducts a private class for clinical instruction, but this is a matter of individual enterprise, and has nothing whatever to do with the systematic clinical instruction at the hospital.

• We may now proceed to describe Dr. Murchison's method of clinical teaching, as a model which our clinicians would do well to copy, and in doing so we make use of his own words: "The plan, then, which we follow in the wards is this: those students who wish to take part in the clinical examinations are invited to give in their names to me, and each student so doing is examined in turn. At one time he is called upon to examine a patient who has just been admitted into the hospital. He is taught the art of eliciting by cross-examination a true account of the patient's previous medical history; he is taught never to stop short at what appears to be the first and most obvious conclusion as to the nature of the case, but to note the morbid phenomena in each physiological system of the body, the normal or abnormal physical conditions of the different internal organs, and the chemical and other changes in the various secretions. Having done all this, he is called upon to make a diagnosis of the malady, and a prognosis as to its probable cause; to suggest a line of treatment, and, if necessary, to write a prescription. At another time, he is questioned with regard to patients who have been already under observation, and whom he has seen examined at a previous visit. He is called upon briefly to recapitulate the facts made out at the former examinations, to note the changes

which have taken place since the patient's admission, to reconsider when necessary the original diagnosis, to state the remedies which were prescribed, to note whether the results expected from these remedies have been produced, and to suggest the expediency of maintaining or altering the treatment." In the course of every examination many opportunities present themselves to the physician for making clinical remarks. "By the plan which I have described, those students, who were not present at the original examination of the patient, are put in possession of the principal facts of the case, and the attention of the whole class is secured, as no student can be certain that he may not on a future occasion be called upon to undergo a similar examination upon the same case. Moreover, this plan teaches the student the art, so often wanting in medical men who may yet have a thorough knowledge of their profession, of conveying to a professional brother an accurate, and yet concise, statement of a patient's medical history, and present condition." * * * * "The student who comes forward, in the manner I have described, before the whole class, is not only taught himself, but he himself becomes a clinical teacher. His difficulties, his suggestions, and even his mistakes, become the means of teaching the rest of the class. The blunders you make show you how to avoid them for the future, and in the meantime furnish me with a capital opportunity for clinical remarks. You are to bear in mind that the best and most experienced physicians are constantly making mistakes in examining patients and in the diagnosis of their diseases."

To the objection often urged that patients come into the hospital to be cured, and will not willingly submit to the annoyance of repeated examinations at the hands of students, Dr. Murchison replies: "This objection would certainly be a very serious one if it had any real foundation, but I do not believe that it has. Most patients have the sense to see that their maladies, by the plan we follow, are being sifted to the bottom in a manner they could never hope for out of the hospital; and, instead, it has repeatedly happened that patients who have not been examined by the clinical class, although receiving all the care and attention of