

APPENDIX III—continued.

cision, the chemical apparatus and reagents, of bacteriological outfits, and for the supply and expense incidental to the proper janitor service, proper instruments, experimental animals, etc. This, of course, is an ideal; much can be done with a smaller outlay. In addition to this general laboratory of pathology and bacteriology, each of the three main departments—medicine, surgery, obstetrics, should have a clinical and experimental laboratory adjacent to its wards. In the medical laboratory the methods of physics, chemistry and biology could be applied directly to the solution of problems which the patients in the wards suggest. In the surgical and obstetrical laboratories, the routine clinical laboratory examinations could be made and the pathological histology of tumors and other tissues excised at operations should be taken up. The general pathological laboratory should be reserved for the study of general questions in pathological anatomy, pathological physiology and pathological chemistry, and should include the autopsy work of all departments of the hospital. All pathological material of the hospital removed from patients during life or from bodies after death should belong without question to the pathologist-in-chief and the pathological department. The pathologist-in-chief should be a man who would welcome the working up of this material by members of the clinical staff, but clinicians should distinctly understand that they have no right to that material, and that it is extended to them as a courtesy. In no other way can a successful, independent, self-respecting pathological department be built up."

Prof. Geo. Dock: There should be a prosecutor with assistants according to the amount of work to be done, at least one each for pathological histology and bacteriology, with a technical assistant for chemical and microscopic work and servants to do the ordinary work in the laboratory. If much chemical work is intended there should be also a skilled assistant for that. I have considered that the routine examination of blood, urine, sputum, etc., be done in connection with the ward work and that the technical assistant or chemist do the more special and more time-consuming work. It is difficult to make an estimate without some idea of the supply of workers in the various lines, but \$10,000 a year would not be too much.

Prof. Osler: (1) A resident pathologist \$600 to \$1,000 with rooms; (2) assistant resident pathologist \$200; (3) bacteriologist \$500. The clinical laboratory should be large enough to have classes of students and the clinical clerks should have plans for work.

Prof. Byrom Bramwell: It is very desirable I think that there should be a pathologist, who devotes his whole time to the pathological work, and that he should have one or more skilled assistants not necessarily devoting their whole time to the pathological work. It is also desirable