

BEARING OF CLINICAL INSTRUCTION ON MEDICAL AND SURGICAL KNOWLEDGE AND TEACHING.

8. Looking at the subject from the point of view of the advancement of Medical and Surgical science and education, it must be universally recognized that no greater boon to humanity can be conceived than such advancement; and it should be an object dear to the heart of every philanthropist to make all reasonable use of any opportunities available to that end.

9. The Toronto General Hospital, a public institution endowed and maintained at a large public charge, and served gratuitously by eminent practitioners, a place where numerous patients thus receive, without payment, accommodation, remedies, treatment and advice, affords the great opportunity in this matter for the Province of Ontario; and all parties, patients included, should, and do, recognize the propriety of utilizing this opportunity.

10. It is now generally conceded that Clinical teaching is perhaps the most important element in Medical education.

11. But adequate Clinical teaching demands very frequent contact of the student with the patient, under the eye and ear of a trained instructor. Each sense must be trained to the interrogation of the processes of nature; and also to the use of instruments of precision, penetrating still further than can be accomplished by the unaided sense. The bedside is the School. The faculties must be constantly exercised in the processes of observation and education. The mystery in which the object is involved is great; so great that the student must develop or acquire the power "to track suggestion to her inmost cell."

12. Again, he must have the opportunity to study Pathology at the bedside; thus to watch the course and natural history of disease, and to recognize the mode of cure; and so to become a *Physician*, a *Physiologist* of disease: and to learn the means devised by art and sanctioned by experience to deal with the difficulties which the case presents.

13. To achieve these ends we should aim at the creation of small and manageable classes, at the same bedside, day after day, under competent supervision, slowly grinding down the phenomena of aberrant physiology and disturbed function to a form assimilable by the young observer. Later, when experience has begun to communicate its power, the student may be taken more rapidly from case to case, reading them as he runs, by means of his improved capacity, perspicuity and sagacity. Thus the slow action of observation, memory, comparison and education will evolve a method of unconscious cerebration, too rapid for appreciation and too subtle for analysis.

14. To accomplish these desirable results numerous Clinical instructors are required; since other things being equal, the smaller the class the better the opportunities. Large classes crowd around a bed, rendering effective instruction difficult for all, impossible for some; incommoding, obstructing and distracting one another; and many, perhaps the majority, never really seeing the case more than once.

COMPARATIVE FACILITIES.

15. It may be, indeed it has been suggested that the facilities at present given for Clinical instruction in the Toronto Hospital are equal to those which exist elsewhere. But this proposition will not stand the test of examination; and examination is instructive, because it shows the system which is found most advisable, alike in the interest of hospital, patient, and school, in the most famous and prosperous institutions in the world.

UNITED STATES.

16. For this purpose we may eliminate the great bulk of the Hospitals of the United States, with the Clinical facilities in many of which our own, however inadequate, compare favourably. It is not to the general methods of the States we should look. The general course of Medical education there is one of two years; and a three years' course exists only in some, and a slowly increasing number of Colleges. So short a course does not allow the