

in the university atmosphere of investigation are those forces in our present clinical instruction leading to an implicit belief by students in the finality of diagnosis.

With the rapid growth of diagnosis as a science, the increased work in clinical laboratories devoted solely to its promotion and the relatively large amount of time occupied by its teaching, this is not surprising. It is not infrequently maintained that diagnosis in itself is investigation of a high order wherein all the faculties of observation, experimentation and deduction have full play. Certainly the demands for exertion of master intellects will in the future, as in the past, find full satisfaction in the prolonged labors of ingenious test and differentiation required by exact diagnosis. The careful, painstaking and involved manner by which it is step by step brought to a triumphant conclusion, and to its minutiae, so frequently verified by the post-mortem examination, is certainly one of the most astounding consequences of applied science. It should on the whole be expected that researches of this character, carried out as they are on the human body, would at once prove highly attractive to students fresh from the laboratory and class work of bacteriology, anatomy, physiology, etc.

In the university environment there is little difficulty in inducing students either as a part of the routine or through scholarships to undertake research work; their contributions form no small part of the contents of the increased number of high-class journals which have sprung up as a result of the transfer to the university of teaching in the first two years of medicine. The influence of instruction in the clinical branches is analogous in its result, the industry shown by the students, or more especially by hospital internes, to emulate the examples of intricate diagnosis, an industry deserving of the greatest praise, carried out as it is under the great disadvantages so common in many of the large charity institutions.

The futility of such work alone is shown by the sterility of later years and the predicament I have endeavored to depict of the dissatisfaction of really able physicians as regards productive work, by the character of the clinical protocols after a diagnosis has been made in the absence of daily annotations so valuable when a post-mortem examination reveals unexpected conditions, or essential for other reasons, also by the limitation of the interest in post-mortem examinations to determining the relation of the changes to the clinical diagnosis. It is no exaggeration to say that our large hospitals are, in the main, schools for diagnosis.