

# UNIVERSITY OF TORONTO.

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REPORT OF THE  
STANDING COMMITTEE  
ON THE  
FACULTY OF MEDICINE  
ON THE SUBJECT OF  
HOSPITAL FACILITIES  
1892.

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ADOPTED BY THE SENATE, JUNE 3RD, 1892.

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1892.

The Select Committee on the Medical Faculty beg to report with reference to Hospital Facilities as follows:—

1. Pursuant to the 34th paragraph of the Report on Re-organization, the subject of obtaining, if possible, further facilities in connection with Clinical work at the Hospital was referred to us for further inquiry, negotiation and report.

2. We invited the opinions of the members of the Faculty, and obtained such further information as we could; and came to the conclusion that it is very important, in the interests of Medical education, to obtain these facilities.

3. Cognate subjects were almost necessarily embraced in the inquiry, and upon the more pressing of these we also reached conclusions.

4. We embodied our views in a Minute, which we communicated to the Board of Trustees of the Toronto General Hospital on 30th May.

5. It appears to us important that the judgment of the Senate should be taken upon the serious questions raised in this Minute, which accordingly we transmit as part of this Report; and we recommend that it should be printed and distributed for circulation, with a view to action by the Senate.

EDWARD BLAKE.

MINUTE OF THE SENATE COMMITTEE ON THE MEDICAL FACULTY  
OF THE UNIVERSITY OF TORONTO ON THE SUBJECT  
OF HOSPITAL FACILITIES.

1. The Senate of the University of Toronto, in connection with the re-organization of its Medical Faculty, has referred the question of further facilities for Clinical instruction at the Toronto General Hospital for inquiry, negotiation and report to its Select Committee on the Faculty of Medicine, composed of The Honorable Edward Blake, Chancellor of the University; William Mulock, M.P., Vice-Chancellor; Sir Daniel Wilson, President; The Honorable Chancellor Boyd; The Honorable Mr. Justice Falconbridge; The Reverend Principal Caven; The Reverend Principal Sheraton; W. T. Aikins, M.D., Dean of the Faculty; and N. W. Hoyles, Q.C.

2. The Committee has obtained the opinions of the members of the Faculty, and such other information as was accessible, and has carefully considered, in their different aspects, the various important questions involved; and it now begs respectfully to submit, for the consideration of the Board of Trustees of the Toronto General Hospital, the result of its deliberations, in the hope that the views advanced may receive their favourable consideration.

BEARING OF CLINICAL INSTRUCTION ON EFFICIENCY OF HOSPITAL.

3. The Committee has come to the Conclusion that the interests of the Hospital, the welfare of the patients, the advancement of knowledge and the improvement of Medical education will all be served by an increase in the facilities for Clinical instruction.

4. The most famous and most frequented Hospitals in the world are just those where the most Clinical teaching has been done, and the best use has been made of the opportunities presented.

Sound, thorough and extensive Clinical teaching gives a Hospital standing in the profession, and reputation among the people, who realize that it is from the most thorough and systematic investigation of their maladies that they may expect the greatest benefits.

Such investigation is profitable to the patient as well as advantageous to the cause of Medical science and instruction.

5. Patients recognize the value of attendance by Clinical instructors, whose double duty, as visiting Physicians or Surgeons and as Clinical teachers, imposes on them doubled responsibilities for frequent and regular attendance, for great care, for thoroughness of examination into each case, and for repeated observation of its progress. Accordingly, patients frequent Hospitals in which these elements are marked; and, when in Hospital, they prefer to be placed under the care of Physicians or Surgeons who, being also Clinical instructors in Medical Schools, are known to pay special attention to these points.

6. Experience shows that very generally the patient rather enjoys than objects to the examinations. Of course rare exceptions may be found, both in the case of patients who object and in the case of instructors whose manner may not be as wise or kind as it should be; but as a generally prevailing rule no such difficulties exist, and the patient is found willing and anxious to forward the examinations. An eminent member of the staff, who, not being detailed for active duty, has recently had in the Hospital none but private pay patients sent in by himself, and has been obliged to depend on these as the subjects of his bedside lectures, reports to the Committee that, even in these cases, in which obviously there was the greatest probability of difficulty, he has not met with the slightest objection on the part of anyone to becoming the subject of Clinical instruction. In the general wards he and others of the staff have repeatedly observed that the patients themselves take pleasure and interest in the process, and objection has been raised but very rarely.

7. It is not suggested that any individual patient should be examined more frequently than is proper, or that any plan should be adopted involving excessive examination; on the contrary, it is believed that the suggestions to be made would greatly improve the position and prospects of the patients; because the reduced numbers in each class would tend to obviate excitement on the part of the patient, and to diminish the number of individual examinations on any one occasion; while the other changes to be proposed would result in greater regularity and continuity of attendance on the part of a visiting Physician or Surgeon; and the whole effect would be to promote the general interests of the Hospital.

## 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

time necessary for extensive Clinical work; and great facilities consequently are not demanded and could not be utilized.

17. But it is to be observed that in some of the endowed Universities and Colleges of the States a wholly different condition obtains, since some students there have largely increased and most valuable opportunities by means of Hospital residence and postgraduate work.

18. And probably in Pennsylvania, and certainly in Harvard Medical School, the Clinical instruction is very much more efficient than generally prevails.

In Harvard School the teaching in Clinical Medicine and Surgery is given in the wards of the Massachusetts General Hospital, and of the Boston City Hospital, by numerous Professors, Assistant and Associate Professors, Instructors and Assistants, ten of whom go daily around the wards of the General Hospital with the students, bringing the latter into direct contact with the patients, and giving good opportunity for acquiring practical knowledge.

One-half of each year's class of students goes around the wards daily for two years, each student thus getting bedside instruction three times a week for an eight months' session, making about 100 Clinics in each year in General Medicine and Surgery exclusive of the specialties.

19. So far as the above Hospital staffs are concerned, they are composed from Harvard Medical School Faculty as follows:—

	No. of INPATIENTS. 1890.	PHYSICIANS.		SURGEONS.	
		Professors.	Assistants.	Professors.	Assistants.
MASSACHUSETTS GENERAL .....	3,381	3	1	3	3
		(For Out-patients.)			
			(?)		(2)
BOSTON CITY .....	6,853	2	2	1	5
TOTALS .....		5	3 (?)	4	10

These staffs serve throughout the whole year.

20. It will be observed, therefore, that the principles of Assistants and of continuous service, hereafter pressed, seem in this case to be applied.

#### GREAT BRITAIN.

21. Turning, however, to Great Britain, our facilities do not compare favourably with those of any of the great Hospitals connected with Medical Schools.

22. It is believed that in all these, the organization differs materially from that in Toronto. Omitting for the moment any questions connected with the House or Resident staff or other subordinates, and confining ourselves to the visiting Physicians and Surgeons, the general rule is to appoint on the visiting staff not only Chiefs, but also Assistants; and to keep on duty both Chiefs and Assistants for the whole year, with the exception of the months of July and August, when the Chiefs are relieved.

23. The Assistants, besides taking independent charge of the outdoor patients, as does the outdoor staff in Toronto, also take charge of the indoor patients during the summer months, and also, with the consent and on the responsibility of the Chiefs, during any occasional absences of the latter. They further with the like consent and responsibility, attend the cases of such patients as they may send into the wards of the Chiefs, and engage in Clinical instruction on some of the cases under the care of Chiefs. This system gives to the patient the benefit of continuous attention by the same Physician, and of

competent care in case of absence ; while it increases the number of Clinical instructors and so affords more thorough teaching to smaller classes, not merely without detriment but to the advantage of the patient.

24. The result of the general system on the character of the staff is excellent.

In the great London Hospitals the Chief generally rises to his high grade by passing successfully through the lower grades of service, for example, those of Clinical Tutor and Assistant. In these grades he must prove himself worthy against numerous competitors, by hard work, and by a long record as an observer and investigator in Medical Science ; and he generally attains the summit after the prime of life, when his name has already become widely known wherever Medical Research is noted. Thus patients obtain the best and ripest skill and experience in the world ; while students must profit by the teaching of men who have spent perhaps twenty or thirty years in the various grades of Clinical work, and have proved their right to their posts, as excellent teachers and reliable investigators and observers.

### COMPARATIVE TABLES.

25. The following table shows the number of inpatients and the number of chief and of assistant Physicians and Surgeons in several famous Hospitals in London, as contrasted with the number in Toronto ; and it is to be remembered that these numbers do by no means adequately represent the facts, because of the continuous attendance on duty in London, as contrasted with the intermittent attendance prescribed in Toronto, where the system is that each visiting member of the staff goes on duty only every alternate three months. It will be seen that, taking into consideration this difference, which practically halves, for comparative purposes, the Toronto figures, the comparison is decidedly unfavourable to Toronto. The table does not include those engaged in Obstetrical, Gynæcological and other special departments, in which respects the London Hospitals have on the whole the advantage ; nor does it include the number put on the consulting staff, who are for all practical purposes shelved, and are not to be taken into account :—

HOSPITAL IN LONDON.	NO. OF INPATIENTS.	NO. OF PHYSICIANS.		TOTAL.	NO. OF SURGEONS.		TOTAL.
		Chief.	Assistant.		Chief.	Assistant.	
Guys' .....	5,828 (in 1880)....	4	4	8	4	4	8
University College.	2,701 (in 1888)....	5	2	7	5	2	7
London Hospital ..	8,268 (in 1888)....	10	1	11	6	3	9
Middlesex .....	2,819 (in 1888)....	4	4	8	4	4	8
St. Mary's .....	3,451 (in 1889)....	3	3	6	3	3	6
St. Bartholomew's..	6,997 (in 1890)....	4	4	8	5	5	10
St. Thomas' .....	4,699 (in 1880)....	4	4	8	4	4	8
St. George's .....	2,500 (about?)....	4	2	6	4	2	6
Toronto General ..	3,385 year ending Sept. 30, 1891 (according to Official report).	For half time.		TOTAL.	For half time.		TOTAL.
	Or for comparative purposes (each serving halftime)	Toronto Univ. 2	Trinity..... 2	} 6	Toronto Univ. 2	Trinity..... 2	} 6
		Outside. .... 2			Unconnected or outside.. 2		
		.....	.....	3	.....	.....	3

26. But even disregarding the ward work of Assistants altogether, and having regard to the fact already stated that the number of Chiefs in Toronto on duty in the wards at any one time is only half the staff, the comparison as to the indoor staff in Medicine and Surgery remains unfavourable, as shown by the following table of Hospitals, with a somewhat analogous number of ward patients:—

HOSPITAL.	NO. OF WARD PATIENTS.	PHYSICIANS.	SURGEONS.
Toronto .....	3,300 (Comparative 6 each half time) .....	3	3
Middlesex .....	2,810 .....	4	4
University College .....	2,701 .....	5	5
St. George's .....	2,500? .....	4	4
St. Mary's .....	3,451 .....	3	3
Average for four London Hospitals .....	716 .....	1	1
Average for University College Hospital .....	540 .....	1	1
Average for Toronto General Hospital .....	1,100 .....	1	1

27. Although the tables already given sufficiently establish the wide application of the principle of giving Assistant Physicians and Surgeons to the Chiefs, yet it may be well to add the further proof contained in the following table, which, with those in the preceding statement, is believed to represent all the great British Hospitals, having Medical Schools attached.

HOSPITAL.	PHYSICIANS.		SURGEONS.	
	Chief.	Assistant.	Chief.	Assistant.
Edinburgh Royal Infirmary .....	8	5	5	5
Glasgow Royal Infirmary .....	4	3	6	6
Glasgow Western Infirmary .....	4	2	4	2
Charing Cross, London .....	3	4	3	3
King's College, London .....	4	2	3	2
Westminster .....	3	2	3	3

28. It may be proper here to note the special circumstances in connection with the London Hospital, in which the figures unexplained would convey an erroneous impression. In the London Hospital no less than five of the ten Chief Physicians attend to the out-patients as well as to ward work; and one of the six Chief Surgeons is in the same position; so that the organization of this institution is exceptional; half of the physicians and one of the surgeons filling the double function of Chief and Assistant.

#### CONTINENT OF EUROPE.

29. Further illustrations may, it is believed, be obtained from the great French and German Hospitals.

30. For example, in the Paris Hospitals, which are under the control of the "Assistance Publique," besides the Professors, Prosectors, Internes, and Externes (the latter being

by appointments of at least three years), there is an officer corresponding to the English Assistant Physician or Surgeon, designated "Chef de Clinique," assigned to each Professor. The "Chef de Clinique" does much Clinical teaching in the wards and elsewhere on the cases of the Professor.

31. Again, in the Vienna Hospital, the Committee is informed that the Hospital attendance and instruction is carried on by three classes: the Professor, the Privatdocenten (appointed and paid by the University on the nomination of the Professor), and first, second and third Assistants, appointed by the Professor.

Ward treatment and teaching, as well as outpatient work, is done by all three. But the main part is done by the latter two classes, under the direction of the Professor.

32. Again, a case is reported to the Committee showing that in Strassburg the Assistant gives Clinics on his Professor's patients in his wards.

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### OPINIONS AS TO COMPARATIVE CONDITIONS.

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33. It is stated that, when the graduates of Canadian Schools attempt competition in the British Schools, they are found to compare favourably in Medical book work and theoretical knowledge; but that when tested in practical Clinical work, they fall behind men far their inferiors in the other branches. This is due to the superiority of the British methods and facilities the application of which is suggested.

34. One of the Professors of the Faculty reports that having, after his course in Toronto, spent a considerable time in London Hospitals, mainly at King's College, Middlesex, University College, St. Bartholomew, London and Brompton Hospitals, and having also spent a considerable time in Strassburg, he found that the facilities available in the Toronto Hospital were far inferior to those enjoyed by English and German students.

Though a total stranger, without any introduction to a teacher, he was able to obtain much more satisfactory instruction there than here; and this not mainly because of the superiority of the Clinicians, but because of the better facilities and superior system which have been described. Similar views have been expressed by other members.

35. It may be added that we understand our view that the present facilities are not adequate, that they do not compare favourably with the British facilities, and that some improvement in this direction should take place, to be concurred in generally, indeed all but unanimously, by the members of the Faculty concerned in general Clinical teaching.

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### DEDUCTIONS.

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36. The fact would seem to be that, in the great and well regulated Hospitals to which we should look for example, the general scheme of organization embraces a staff of Assistant Physicians and Surgeons, in addition to the staff of Chief Physicians and Surgeons, and that in many cases the number of Assistants is equal to that of Chiefs.

37. It would also seem to be the fact that in those Hospitals the term of duty of the staff is continuous, with the exception of the summer months, during which the Assistants are in charge. In truth so far as we can learn the Toronto system of half time is without noted precedent.

38. It would also seem to be the fact that the facilities thus obtained for clinical ward teaching in frequent small classes are great, and far superior to those obtained in Toronto.

39. It is impossible to over-rate the importance of these facts, as furnishing strong and convincing evidence of the best course as indicated by the light of experience.

40. It is submitted that the Toronto General Hospital should no longer be an exception to, but, on the contrary, should be organized in conformity to the general principles thus established, with due regard to any special conditions.



### ADVANTAGES TO PATIENT.

41. The advantages to the patient are obvious. The change would give to the patient the continuous services of the Chief Physician or Surgeon to whom his case had been assigned, and would avoid the transfer of his case on the expiration of the three months' term of duty at present prescribed.

42. It would give the patient the further advantage of the services of a recognized Assistant, working under, and in connection with the Chief, the attendance of which Assistant would be available in the occasional absence of, and also, on emergency or under special circumstances, in conjunction with the Chief. For example, it would be the duty of the Assistant Surgeon to assist the Chief at each operation.

43. The patient would gain also; because the system provides, as already shown, for the continuous training of Assistants ready and competent to take the place of Chiefs upon their retirement.

44. A further gain would follow from the fact that, the term of duty being continuous, the number of beds in charge of one Chief at one time, would of course be diminished, and thus more time would be available than at present for the discharge of the duty of the visiting Physician or Surgeon, on occasions when an accumulation of serious cases requires prolonged attention.

45. The Chiefs being responsible for the work and conduct of the Assistants, their appointment need not entail serious added trouble to the Hospital authorities. Nor can any reasonable suggestion be made of injury to result to the patients from the adoption of the plan.

### ADVANTAGES TO MEDICAL EDUCATION.

46. Turning to the advantages to Medical education, they would be very great.

47. The distinction as to the entire relief of Chiefs for a considerable period during summer has less application here; and obviously the Clinical teaching and ward work of the Assistants is required during the School Session.

48. The Assistants, as properly recognized officials, would thus take throughout the year Clinical and Tutorial ward classes of small numbers; dealing with the patients by the permission and under the responsibility of the Chiefs.

49. The increased number of instructors would thus, without increasing the number of examinations in any individual case, increase in a far greater degree the efficiency of the instruction.

50. The Assistants would, in case of the unavoidable absence of the Chiefs, hold the Chief's Clinics, thus insuring an uninterrupted course of study.

51. It has been further suggested that the Assistants might, to the advantage of all interests, with the consent and under the responsibility of the Chiefs be given charge of outpatients sent into the wards by themselves, and of a small number of beds; thus perfecting more rapidly their training in every capacity, and enabling them to give Clinics on their own patients, a matter very important, especially in Surgery. This course is, it is believed pursued in some of the great Hospitals.

52. The Assistants, who would in fact fill the place of the outdoor staff, would of course, take charge of the outdoor branch in all its departments as at present, assuming in addition the suggested duties.

### GENERAL RESULT.

53. The general result aimed at is that the University Chairs, whose subjects are capable of Clinical illustration, should be represented on the Hospital Staff, and have each a certain number of assigned beds; that the representatives should hold their posts continuously through the year, and control the Medical or Surgical, as well as the Tutorial

work connected with the beds assigned to them ; that for each full or Chief Physician or Surgeon on the visiting staff there should be an Assistant, taking his independent part in the discharge of the outdoor work, Medical or Surgical and Tutorial ; and also, with the consent and under the responsibility of the Chief, assisting in the ward work in connection with the Chief's beds, giving Clinical instruction to limited classes, and further discharging the Chief's duties, Medical or Surgical and Tutorial, on occasions of unavoidable absence. It is believed that thus there would be secured a greatly improved, continuous and uniform system of attention to patients, as well as of instruction to students. The special circumstance that the Toronto General Hospital has a connection with two schools renders it obviously convenient that the plan adopted should be to allow an assistant from each school to each Chief in Medicine or Surgery from that School.

#### WORKING OF SCHEME.

54. The general subjects most pressingly requiring further Clinical facilities are those of Medicine (including Therapeutics and Pharmacology) and Surgery (including Pathology); and by the adoption of the proposed system of Chiefs and Assistants (the members of the outdoor staff filling the position of Assistants), these subjects can, so far as the question of staff is concerned, be provided for without any serious or inconvenient change or addition.

55. For example: the application of the proposals of the Committee as applied to the University, assuming the reappointment of the present Hospital staff, would result as follows:—

##### MEDICINE.

*Ward or Chief.*  
 PROF. GRAHAM.  
 PROF. MCPHEDRAN.

*Outdoor and Assistant.*  
 LECTURER W. P. CAVEN.  
 PROF. J. M. MCCALLUM.

##### SURGERY.

*Ward or Chief.*  
 PROF. MACFARLANE.  
 PROF. CAMERON.

*Outdoor and Assistant.*  
 PROF. PETERS.  
 PROF. PRIMAOSE.

56. It will thus be observed that, with the adoption of the principle of Assistants, the addition of a single officer to the University part of the outdoor and Assistant staff is all that is required to carry out the scheme.

#### THEATRE LECTURES.

57. It is sometimes suggested that the theatre lectures on patients may be made more frequent, and would prove an efficient substitute for the bedside teaching ; but it is submitted that, however useful within their own important sphere such lectures may be, and undoubtedly are, yet experience does not establish their efficacy as such substitute ; but shows that the bedside teaching with small classes is the plan to which attention may be directed most profitably, and with results not otherwise attainable.

#### OUTPATIENT CLINICS.

58. It is also sometimes suggested that the additional development of instruction in connection with the cases of the outpatients furnishes a means for avoiding further Clinical ward teaching ; but, though this teaching is in some aspects very valuable and instructive, yet it cannot fill the void.

59. The outdoor Clinic is not the appropriate means of giving such instruction as Clinical ward teaching affords, because, being open to all students of all schools, it is very much crowded, quite too crowded for effective detailed instruction on many subjects of

investigation ; because the numbers of patients are so great that expedition in treatment is necessary, and detailed information cannot be fully given ; and because, each member seeing patients only one day in the week, a continuous course of instruction either by the same instructor or on the same patient is impossible.

60. The suggestion has been made, with a view to limit ward teaching, that the outdoor department might be systematically supplemented by means of patients brought into the department from the wards. This has been tried but without encouraging results.

61. The patient arranged for may be wanted at the time by the indoor Physician ; or he may have become too ill to be taken out of the ward ; but worse than this, the patient not having been under the immediate care of the Instructor, the chances are against his being sufficiently familiar with the circumstances to warrant an attempt to instruct ; and in fact this method has on past occasions done harm rather than good to students.

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**QUESTIONS ARISING OUT OF THE RELATIONS TO THE HOSPITAL OF  
DIFFERENT MEDICAL SCHOOLS, AND OF PRACTITIONERS  
NOT ENGAGED IN TEACHING.**

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62. It is believed that as a rule the great British Hospitals to which reference has been made are connected each with a single medical school, and that their staff is composed of members of the Faculty of that school.

63. The Toronto Hospital differs, in the respect that it has in a sense relations with more than one school, and that its staff is composed, not merely of members of the Faculties of both schools, but also of practitioners not engaged in teaching.

64. These differences give rise to some considerations, which must be met, but which do not, in the view of the Committee, interpose serious obstacles to the improvements it suggests.

65. While it is obvious that the limitation of the Hospital staff to teachers would enlarge, in respect to both teachers and subjects, the facilities for Clinical instruction, yet the Committee has not thought it well at this time to suggest the adoption of any such rule. It understands that the Trustees some years ago decided on the present plan in this regard ; and its effort has been to devise a means for improving the Clinical facilities with as little disturbance as possible of the existing arrangements.

66. As to the relations of the two schools to the Hospital, the Committee has been informed that previous suggestions for an increase of the members of the staff connected with the Faculty of Medicine of the University, and occasional visits to the Wards for the purpose of Clinical instruction by members of the Faculty on the outpatient staff, have been objected to by or on behalf of the Trinity College Medical School.

67. The Committee disclaims any desire to interfere in the slightest degree with the procurement of full and adequate facilities for Medical teaching by that School ; and expresses the earnest wish that the members of the Faculty of each Institution on the Hospital staff should cordially co-operate for the advancement of the interests of the Hospital and those of Medical Education.

68. But it cannot accede to the pretension that the needs of the Provincial University should be limited, and that the efficiency of the Medical education which the University has undertaken should be impaired, by its Faculty being allowed only such facilities as it may suit Trinity Medical School to ask for itself.

69. Whatever may have been the state of things in the past, the present conditions are wholly opposed to the recognition of any such pretension.

70. There are now three Schools, the University Faculty, Trinity School, and the Women's Medical College. It is not pretended in theory, or admitted in practice, that equal numbers should be given to each of the three. That would be at once regarded as absurd. Indeed it is understood that the Women's College has no such relations with the Hospital as those of the other two Schools.

71. A fair proportion and equal facilities to each of the two Schools do by no means imply equal numbers of Teachers for each.

72. And the conditions in several respects of Trinity School so differ from those now obtaining with the University as to render it unjust in the extreme to permit the suggested views of Trinity to prevail.

73. The numbers of students under the University Faculty have increased and are still increasing, in spite of a rigorous observance by the University of certain limitations which are understood to receive elsewhere a somewhat elastic interpretation.

74. It has not been found possible to ascertain with exactness the numbers of students in actual attendance in each year on the Medical course at Trinity.

75. An estimate has been made that for 1892-3 the number of Trinity students in the third and fourth years (when the Hospital Clinical teaching is taken) will be about 102; and that the number in the same years for the University will be about 141.

76. The first and second year students, and the total number in actual attendance at the University have been as follows:—

	1ST YEAR.	2ND YEAR.	TOTAL OF FOUR YEARS.
89/90 .....	66	66	258
90/91 .....	81	60	263
91/92 .....	85	75	283

77. It is believed that a proper investigation into the numbers of effective students, as indicated by the numbers examined in each year of the course for the last three years, and as shown by the Hospital records, would prove that on the score of numbers the University has now passed Trinity, and requires further facilities in addition to those required by Trinity.

78. It must be remembered that, since the essence of efficient Clinical teaching is a small class, to limit a School with a larger body of students to the same number of teachers as a School with a smaller body of students, is not to give equal facilities to each, but to place the School with the larger number at a positive disadvantage; in fact, it is to give greater facilities to the smaller School.

79. But this, though important, is after all not the more important point.

80. The situation must also be considered in the interests of higher Medical education, apart altogether from the relative number of students; and, in this aspect, further facilities are required, even if, for the sake of argument, it be (contrary to the fact) assumed, that the numbers are equal, or even that Trinity exceeds.

81. The numbers attending the Clinics under the present system are often more than thirty. So large a class impairs and almost destroys the stimulus to care and exactness on the part of the instructor, and often excludes the possibility of those features. The results to the classes are, of course, lamentable.

82. The importance of small classes is recognized in the English Hospitals, where, unless in the case of some instructor of exceptional merit, or under some exceptional condition, the classes are seldom more than ten to twenty, or say an average of fifteen in number. Twenty are too many; and to secure good results the number should not exceed twelve or fifteen. It is therefore important to provide for smaller classes than now obtain, irrespective of the relative total numbers in each School.

83. Now, in old days, both the Toronto School of Medicine and the Trinity School were proprietary institutions, conducted largely on commercial principles, for the gain of their proprietors. It naturally followed that the proprietors would be opposed to any avoidable increase in Clinical facilities, involving a greater expenditure of time and money than would be counterbalanced by the additional students' fees. They would naturally be opposed to any avoidable increase in the charges, or to any diminution in the gains of their venture; and they would naturally endeavour, as far as possible, to limit the number of instructors; and, where increase became necessary, to accomplish it on the most economical terms.

84. It is understood that the chief proprietors of the Trinity School lately valued their enterprise as worth an income of over \$2,000 a year each; and this income it would naturally be their policy to maintain or increase as much, or at any rate to diminish as little as possible.

85. It is believed that a recent serious decrease in the number of Trinity students has greatly changed the situation in this respect; and of course the diminution of numbers and lessening of receipts would strengthen the inducement of the proprietors to oppose the grant to the University of additional facilities less required by themselves, and increasingly required by the University.

86. The considerations to which we have referred as formerly applying to both Schools, were, as to one of them, in theory absolutely removed, and in practice largely diminished, at the moment when the University of Toronto created its Faculty of Medicine; and, since the re-organization which has just been accomplished, they have been in practice as well as in theory, substantially eliminated.

87. The University authorities are now in a position to decide, independently, and in the interests of Medical education alone, the number and grade of instructors, and the division of the fees received.

88. They have made available in the departments of Biology, Chemistry and Physics the unrivalled facilities of their Arts Department.

89. They have advanced to merited professorial rank a number of deserving instructors; and they have divided the available fund strictly in proportion to the estimated duty; thus largely diminishing the emoluments formerly reaped by a few, and providing a very scanty, but still a relatively just reward for the labour of all.

90. They have reserved to themselves the power of further increasing the number of instructors as rapidly as the interests of Medical education require, and of appropriating the funds as may be necessary to provide for their remuneration.

91. While this is the case with the University Faculty, Trinity School remains on its old footing; and it is thus easy to understand the motives which would induce objection on the part of Trinity School to the course proposed by the University.

92. Trinity School would naturally object to the employment of additional instructors by itself, now less wanted than before, in view of its lessened absolute and relative numbers; and further diminishing the gains of its proprietors; and it would equally naturally object to the University being permitted the facilities for which it asks, under the apprehension that the more efficient instruction which would thus be obtainable at the University would attract the Medical student still more powerfully to the Provincial Institution.

93. Equal facilities may perhaps as far as possible be allowed to both Schools, irrespective of their differing conditions; but what is essential is that adequate facilities should be allowed to each School; and that the refusal of one to accept should not debar the other from obtaining these adequate facilities. Nor should the educational necessities of the Provincial Institution be measured, or its efforts to advance Medical education hindered, by the necessities or personal interests or inclinations of the proprietors of Trinity.

94. All reasonable facilities should be granted, particularly in regard to Clinical ward work, with reference to the numbers which can be most advantageously instructed; according to the resources of the staff of each School; and to the extent which the staff can adequately make available.

95. Considered on these principles the objections of Trinity ought not, as the Committee submits, to prevail.

#### FURTHER SUGGESTIONS.

96. The Committee now ventures to submit, for the consideration of the Trustees, some further suggestions which have been brought to its attention in the course of its enquiry, and which seem so important as to render it a duty to bring them under the notice of the Trustees.

## HOUSE PHYSICIANS AND SURGEONS.

97. The number of House Physicians and Surgeons, having regard to their multifarious duties, including the Obstetrical Department, appears inadequate to the proper discharge of the functions of the Hospital ; and the interests of the Hospital and its patients would be greatly advanced by a moderate increase in their number.

98. At present, a Chief may visit the Wards on several successive occasions, and, finding the House Officer engaged with another visiting Physician, or discharging some other of his many duties, may be unable to learn the interim condition of his patients, or give verbal instructions for changes in treatment or management.

99. Again, under the present system, and having regard to the existence of the two Schools, it may happen that a House Officer may be trained in methods or opinions to which his Chief is opposed, but which the latter may find it difficult to change in practice in his own cases.

100. All these difficulties would be remedied if to each Chief in Medicine and Surgery were assigned a House Officer responsible to him for the well-being of the patients under his care.

101. The very trifling expense of this addition to the Hospital staff would, it is believed, be far more than recouped by the increased efficiency of the organization ; and, in truth, it is submitted to be an almost necessary step.

102. The numbers of House Physicians and Surgeons, including the Obstetricians, in some of the London Hospitals are as follows :

	HOUSE PHYSICIANS.	HOUSE SURGEONS.	OBSTETRICIANS.	TOTAL.
St. Mary's .....	6 .....	6 .....	4	16
University College	8 .....	6 .....	12	26
St. Thomas' .....	3 & 2 Assistants = 5	4 & 1 Assistant = 5	2	12
Middlesex .....	6 .....	6 .....	2	14
Guy's .....	4 & 1 Assistant = 5	4 & 2 Assistants = 6	2	13
St. Bartholomew's..	3 .....	10 .....		13

103. It has been suggested that the House Staff might, on occasion, supervise such matters as a physical diagnosis on the Medical side, and the dressing of wounds and fractures on the Surgical side, in the presence of students.

104. The dressing might be done under the supervision and instruction of the House Surgeon by dressers appointed by each Chief from amongst his pupils ; and analogous work on the Medical side might be assigned to Clinical clerks, acting under the supervision of the House Physician and appointed in like manner.

105. Under the further systemization involved in and rendered possible by these arrangements a continuous interest in, responsibility for and attention to the cases could be maintained on the part of all concerned with great general advantage.

106. It is believed that a system such as is suggested is in force with reference to House Physicians and Surgeons in the case of the Montreal General Hospital.

107. The appointments of House Surgeons and Physicians are of great importance ; and it is suggested that to insure good results it would be advantageous to obtain the opinion of the Faculty or of the authorities of each School as to the fitness of candidates from the School before their selection, as is frequently done in Britain ; or that some system of competition should be adopted, as is done at St. Mary's, University College, and Middlesex Hospitals.

## PATHOLOGY.

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108. Pathology is so closely allied to Clinical work that they cannot properly be separated.

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### I.

#### UNIVERSITY HOSPITAL LABORATORY.

109. It is suggested that the University Pathological staff should have control and charge of this Laboratory, now approaching completion; and that all examinations of fluids, excreta and pathological products should be carried on practically under the supervision of that staff. The reasons for this are too obvious to require extended statement. The efficient care of the patient and the complete investigation and study of the case alike require this disposition of these products.

110. The opening of the Laboratory is viewed with great pleasure, inasmuch as it will render possible, with regard to the system and regularity of examinations, a great and much needed improvement on the methods which have hitherto obtained; and the interests of the patients as well as the students will thus be greatly promoted.

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### II.

#### CLINICAL PATHOLOGICAL RECORDS.

111. It is suggested that the improved facilities for the examination and analysis of the various fluids, excreta and pathological products should be, in the interest of the patients, utilized, and that a systematic record thereof should appear at the bedside daily, or as often as is required for the information of the Chief.

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### III.

#### AUTOPSIES.

112. The present arrangements with reference to autopsies appear unsatisfactory. A patient may succumb while under the care of a member of the University staff; but the post-mortem examination may be made by a member of the other staff; and vice versa; or it may be, and often is, not allowed to the pathologist of the staff, and afterwards made by a house surgeon, without adequate notice.

113. It seems clear that the Pathologist of each staff is the proper person to perform the autopsy in all cases under charge of the Hospital Staff of that School; thus rendering possible the more complete final examination of a case which has been the subject of observation by the student during the progress of disease; the autopsy in which is of such great importance to complete the demonstration; and some of the products of which may be of such great service for preservation and use in the Pathological Museum of the School.

114. To facilitate the attendance of students this autopsy should take place at fixed stated hours.

115. Much difficulty has been experienced by Clinicians and students from the want of post-mortems so conducted, in cases in which these seemed to be important in order to ascertain the cause of death, both in the interest of Medical Science, and with a view to Medical education.

116. It is submitted that when, as is generally the case, the consent of friends can be obtained, post-mortems, in proper cases, to be reverently performed, without any disfigurement, where the body is to be handed over to friends, should be encouraged rather than discouraged.

117. It is indeed a rule in many Hospitals, that examination is to be made, if thought necessary, by the Physician or Surgeon in charge; and this is not found detrimental to any interests. Such is assumed to be the law here; though, if the Committee is rightly in

formed, not invariably the practice. But it is believed that, apart from any such rule, the consent of friends can generally, by proper representations, be obtained, and thus all objection can be removed.

118. The adoption of the system proposed as to autopsies would also allow of the improvement of the Hospital Statistics by the addition of the Pathologist's report to the Clinical record; and it would improve the chance given to the attending Physician or Surgeon for correcting his diagnosis, and increasing the stock of knowledge by the result of the final examination.

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### CLINICAL AND HOSPITAL RECORDS.

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119. It is suggested that complete contemporaneous records of all cases should be kept, more exactly than at present, by Clinical Clerks and Registrars, under the instruction and guidance of the staff.

120. Registrars should be selected with great care, after consultation with the respective Schools; and the staff should be responsible for some supervision of the work.

121. Permanent Hospital records properly kept are of the highest importance and of the greatest interest. It is needless to dilate on the value of this system both from a humanitarian and a scientific standpoint. It is in force in almost all Old World Hospitals connected with good Teaching Institutions; and the reports are regularly published and sold; and are extensively subscribed for by the Alumni.

122. It is suggested that these records should be carefully and conscientiously made, by the collaboration of the various officers referred to, from the highest to the lowest; that they should embrace statements of the main observations of importance, and of the cases of interest to the profession, which have occurred; and that they should be edited and published yearly or half-yearly by a committee of the staff. So soon as their value is shown a return will be realized from their sale.

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### CONCLUSION.

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123. Some other matters have been placed before the Committee, which seem to it worthy of consideration, and which it may, on a future occasion, crave permission to submit to the attention of the trustees.

124. But these appear to be the more pressing points; and the Committee, confining itself to them for the present, closes by assuring the Trustees of its earnest desire to help in any way in its power in the advancement of the Hospital; and of its readiness to confer with the Trustees on any points arising out of this Minute.

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Adopted by the Committee and ordered to be transmitted to the Board of Trustees of the Toronto General Hospital.

Registrar's Office, May 28th, 1892.

EDWARD BLAKE,

*Acting Chairman.*

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