

they will increase our power as well as yours. In every case which we are called upon to treat, we are glad to obtain from any quarter the minutest fact that will aid us "to know in what way the particular disease exhibits itself;" but mere speculations we distrust. If we have any theories of our own as to the origin or nature of disease, we hold them of secondary importance. Like other theories, their chief use is to suggest where to look for the facts.

The making a diagnosis with us (is it not also with you?) should consist in thus determining the entire aggregate of morbid phenomena. To take a part of these phenomena, even those exhibited in the dissecting-room, and to give them a name, whether it be "dothenenteritis," or "neuralgia," or "dropsy," or "pneumonia," and to call that a diagnosis,—to reason upon it as such, and regulate the treatment accordingly,—such a course has been thought a sufficient warrant by some of our writers, but not by them alone, for saying some hard things of pathological doctrines. Of course, we do not object to either of these names where it is used merely as a term of convenience to express a group of facts; but if this group is made the basis of a theory, to accommodate which, other facts are disregarded, because their pathological relations are as yet unknown, we do most heartily object. We think there is nothing in our views of this matter from which you would dissent, if we could secure your attention to what they really are, apart from other views of ours which you deem erroneous. Yet you are told that we discard all use of pathology. It is the old story—an equivocal term has made trouble between us. In one sense we respect it, and avail ourselves of it as sincerely as do you. In another sense, that which includes speculations as well as facts, both of us distrust it, unless the speculations happen to be our own. Are not these things so, and ought they not to suggest a doubt of the justice of our exclusion from all rightful rank in the profession? Is it right that the adoption of pathological hypotheses should be made a test of professional standing?

Another objection urged against us is, we think, equally erroneous. It is said that our views of the *modus operandi* of medicines are at utter variance with yours.

We seek to learn what we can, from every accessible quarter, of the effects produced by a medicine;—what organs, tissues or fibres, its activity is specially exerted upon; what structural changes and functional disturbance it either causes or removes; what effects are produced as the direct result of its action, and what consist in reaction from some previous or remote operation; whether the effects are transient, protracted, permanent, or intermittent; what are the modifications made by dose, age, sex, constitution, disease, and any other of the many circumstances whose influence may be at once certain and inscrutable;—in short, all the effects on every organ, even by the most remote and interchanging sympathies, which are the results of medicinal action, whether morbid or curative, obvious or recondite, ought to be faithfully sought for by us.

But we are pained to realize that in point of fact we know so little of Nature's *Materia Medica*. The medicines we are most familiar with,