

tioned one criticising Addison's paper on "The Fallacies of Physical Diagnosis." In this article he certainly disposed of many of the arguments against the stethoscope in a satisfactory manner, vindicating the methods with which the teaching of Stokes and Graves had rendered him familiar.

MacDonnell was the first in this city if not in Canada to advocate and to use the microscope in clinical work, and it is curious to read at this day the opposition it met with in some quarters. His opponents, however, soon found that it was no easy task to escape unscathed in a wordy tussle with the ready and eloquent Irishman, and the microscope duly took its place as an aid to the physician.

I have, gentlemen, in this brief sketch been quite unable to refer to many who have performed yeoman's service in advancing our knowledge of thoracic disease. The chief interest in the lives of celebrated medical men frequently lies in the work they have been able to accomplish for science and humanity, and from its very arduous nature they are usually prevented from taking a leading part in the active political and social life of their time.

We must remember with gratitude that it is to the earnest workers of over half a century ago that we owe so much of our present knowledge of the diagnosis of thoracic disease.