

The Ontario Medical Association, throughout its career, has been noted for the practical nature of its discussions, and the courteous but free criticism which has been given to the various papers read. The members have certainly never indulged in empty compliments, or taken up much time in passing meaningless votes of thanks, but have endeavored to render the meetings as useful as possible.

It is, therefore, with greater confidence that I approach this subject, and speak plainly of what I consider to be the duties and responsibilities of the profession in relation to the care of chronic cases.

Are we not too much inclined to look upon many of the chronic diseases as incurable, and therefore become too easily discouraged if our patients do not soon exhibit signs of improvement? At the recent International Medical Congress held in Rome, Dr. Jacobi made the following remarks, speaking of the treatment of acute diseases: "Many chances of saving human life are thrown away by too great delay in interfering medically, and this occurs especially in inflammatory and infective fevers. The so-called expectant method is frequently a most pernicious proof of indifference or ignorance." These remarks are applicable to the treatment of chronic as well as of acute affections, and often, for the same reason, a want of faith in our power to control the disease.

In reviewing my experience in practice, I can recall cases which I looked upon as incurable which have afterwards made good recoveries. I can also recall cases in which, on account of want of care in my diagnosis, a superficial and consequently unsuccessful line of treatment has been carried out, when a careful study of all the circumstances of the case might have led to the adoption of more thorough and radical methods.

We should, I think, exercise great caution before giving an unfavorable prognosis. Such an opinion will often prove injurious to the patient, and, if incorrect, will not add to the reputation of the practitioner. I think that in this respect we do not now err as often as formerly. We do not condemn a patient to early and sudden death because we hear a valvular murmur, nor do we consider him incurably ill with Bright's disease because we find albumin and casts in the urine. Those instances of want of success of which we have spoken are principally due to the following causes:

(1) A faulty diagnosis.

(2) Want of sufficient care in the study of the case, which results in the adoption of inadequate methods of treatment.

(3) Want of faith in the use of remedies.

We must not here forget that in a large proportion of the unsuccessful cases the physician is, from the first, to a great extent, powerless; the disease is from its very nature incurable, the patient has not applied until serious organic changes have taken place, or, owing to uncontrollable circumstances, a thorough method of treatment cannot be adopted.