sistent tenesmus drives the patient to a rectal surgeon; who, on examination, finds a solid mass in the bowel, around and past the sides of which the thin fœcal motion passes. Here diarrhœa is the only means by which the bowels can be emptied; and it is fortunate that the astringent mixtures are inoperative to arrest this diarrhœa, else the patient's condition would, indeed, be a serious one. The mass is removed, and then the diarrhœa spontaneously ceases.

Then, again, take the common resorts to stimulants in fever. That they may be indicated at time of acute peril from collapse we may grant; they may enable the convalescing patient to eat more food; but given as they commonly enough are, during the fever, they are injurious. They make the patient feel a little better for the time by calling out a little of his reserve force; but what good, in the name of reason, does that do? It only dissipates, squanders in useless displays, what should be economised with the utmost diligence for the critical time when it is required, and when it is invaluable. If the reserves be called out and wasted early in a battle they are not there at the critical moment—and the battle is not won, but lost. So it is in fevers and some other acute diseases. Milk, and not alcohol or beef-tea, should be the food at these times. Who that has attended much midwifery among the more ignorant classes, will fail to recognize the truth of what I am about to say? A primipara is in labour, and all is well; but the advance is not rapid. Every time the doctor turns his back, he returns to find the patient with strong pains and bearing down energetically; yet the os is only the size of a half-crown piece. Some foolish but well-meaning person has been giving that patient alcohol, and encouraging her to put forth useless efforts. Unless the medical man can stay by the case, and watch this meddlesome person like a cat watches a mouse, the case will have to be terminated by the forceps; because the woman is spent and her power of effort gone, wasted in useless bearing down. Of old, commonly enough, the patient got a pretty stiff opiate, which sent her to sleep for twenty-four hours, when the labour—for labour then it was and no mistake—recommenced. But that twenty-four hours of the head pressing upon the tissues, and especially the urethra, will cause the patient to run great risk of a vesico-vaginal fistula, or slough in the posterior vaginal wall, with its disagreeable consequences. In midwifery and acute diseases the reserves should never be called out till the time for them comes; when they have been thrown away they are not forthcoming, and the result is disaster.

Then, again, it is not always well to hasten convalescence, especially when the kidneys are implicated. Their function must be remembered. I will give an illustrative case which occurred to me a dozen years ago; but its lesson is as fresh as it was a month after the disaster. A girl was doing well after acute nephritis, on milk and a restricted dietary; going on steadily, but slowly. The friends desired a consultation; thought something more might be done. Meat was added to the dietary, iron to the potash and buchu. We overran the powers of the kidneys; and the girl died of uræmia, in spite of everything that could be done.

But of all abnormal conditions when the immediate treatment of disease is to be utterly subordinated to the permanent interests of the patient, that of endocarditis stands out most prominently. Here there is acute inflammation of the endocardium which lights up a growth of connective tissues in the fibrous structures of the valves; most commonly the mitral and less frequently the aortic. It is not the acute inflammation here which causes any alarm, it is the growth of connective tissue which we dread. Such connective tissue has a natural tendency to contract after a time, and consequently the growth in the cardiac valves sooner or later mutilates and distorts these valve curtains until they either become insufficient to close the mitral ostium on the ventricular systole; or the free edges become fused together, and constitute an obstruction to the flow of the blood through the mitral orifice. It is obvious that the rational treatment of this condition is to limit, as far as possible, the growth of this connective tissue; for once developed it cannot be absorbed, though in certain works even of recent date, ioduretted frictions are recommended; and will eventually contract and cripple the valve curtains. How is this to be done, is the question. I have insisted in the recent edition of my work