bleedings. Surely our forefathers must have killed some patients by the apalling ferocity of their treatment, or to have stood it the constitutions of those days must have been more robust. We still await, but await in hope, the work that will remove the reproach of the mortality in this disease. I say reproach, because we really feel it, and yet not justly, for who made us responsible for its benign or malignant nature? We can relieve symptoms but we must find the means which will, on the one hand, limit the extension of the process, loosen the exudate, minimize the fluxion, control the alevolar diapedesis, and, on the other hand, diminish the output of the toxins, neutralize those in circulation, or strengthen the opsonic power of the blood. But some one will say—Is this all your science has to tell us? Is this the outcome of decades of good clinical work, of patient study of the disease, of anxious trial in such good faith of so many drugs? Give us back the child-like trust of the fathers in anatomy and in the lancet rather than this cold nihilism. Not at all! Let us accept the truth, however unpleasant it may be, and with the death rate staring us in the face let us not be deceived with vain fancies. Not alone in pneumonia, but in the treatment of certain other diseases do we need a stern, iconoclastic spirit which leads not to nihilism, not the passive skepticism born of despair, but the active skepticism born of a knowledge that recognizes its limitations, and knows full well that only in this attitude of mind can true progress be made. There are those among us who will live to see a true treatment of pneumonia; we are beginning to learn the conditions of its prevalence, it may yet come within the list of preventable diseases, and let us hope that before long we may be able to cope with the products of the pneumococcus itself.

Along these five lines the modern conception of the nature of disease has radically altered our practice. The personal interest which we take in our fellow creatures, is apt to breed a sense of superiority to their failings and we are ready to forget that we ourselves, singularly human, illustrate many of the common weaknesses which we condemn in them. In no way is this more striking than in the careless credulity we display in some matters relating to the treatment of disease. The other day the *Times* had an editorial upon a remark of Bernard Shaw that the cleverest man will believe anything he wishes to believe, in spite of all the facts and text-books in the world. We are at the mercy of our wills much more than our intellect in the formation of beliefs, which we adopt in a lazy, haphazard way without taking much trouble to enquire into their foundation. But I am not going to discuss, were I able, this Shawian philosophy, but it will serve as an introduction to a few remarks on the Nemesis of Faith, which in all ages readily overtakes doctors and the public alike. Without trust, without confidence, without faith in himself, in his tools, in his fellowmen, no man works successfully or hap-