

inability to gather together the symptoms of the case. Then how much more satisfactorily would cases of mental instability be dealt with if the physician understood the functional disturbances to which the mind is liable. Would there be the same field for Christian Science, hypnotism, telepathy, osteopathy, electrical treatment if we were well posted in the reciprocal influence of mind on matter? The almost universal habit of prescribing drugs for each one applying for relief from neurotic affections is the foundation on which is constructed the greater part of quack treatment. An honest acknowledgment of our inability to locate the cause of many pains and a strong demand for further opportunities of observation would ultimately redound to our credit, though for a moment a crude denunciation might follow us.

It would be the height of presumption for me to describe the status of medicine to-day, but it may be interesting to review the amount of our knowledge a hundred years ago. We all know the commanding sphere occupied by our science and art now, but few have taken the trouble to inquire into the real knowledge possessed by our predecessors at the beginning of the nineteenth century. Bichat, early in the century, announced the difference between pneumonia, pleurisy and bronchitis. This differentiation was made on constitutional symptoms, as the physical examination of the lungs was unknown. Although percussion was employed over a hundred years ago, mediate auscultation was first introduced by Laennec when one-fifth of the century had passed by. The description given by Watson of tubercle is worth comparing with our present knowledge. "Tubercles," he says, "are composed of unorganized matter, deposited from the blood, of a yellowish color, opaque and friable, and of about the consistency of cheese." This corresponds well with the process of caseation as we know it to-day. He also describes miliary tubercles very clearly. "The lungs are often studded with a number of small granules of firmer consistency, almost as hard as cartilage, and of a bluish-gray color. Whatever may be the true theory respecting these little gray bodies, it is certain that they acknowledge some intimate connection with the true cheese tubercle." How much clearer is our knowledge of this disease now, and how widened is our conception by the part played by the bacillus tuberculosis!

There was no distinction known between the varied forms of continued fever when the last century began. Typhus and typhoid fever were not distinguished the one from the other. Yellow fever was believed to be due to local insanitary conditions, and to be discriminated from other febrile disorders only