

success in treating disease, he met a storm of opposition, if not persecution, which caused him to narrow curative measures down to this one idea, which resulted in the extraordinary absurdities of his later teaching. While this idea is undoubtedly sometimes seemingly true, it has never been proved to be universal, as claimed by him and his followers. It would be too much to ask this proof, did they not assert its universality so strongly, and treat with disdain every remedial measure not originating in it. At the same time it is difficult to see why we should not admit its seeming truth and utilize their ideas and methods for the relief and cure of our patients in so far as they may be found useful.

Again, in the early sixties of the nineteenth century, C. J. B. Williams, a highly educated regular physician, published his principles of medicine, in which he clearly enunciated the idea that disease was an excess, a defect, or a perversion of normal life. Although this work of Williams was so notable that it was widely adopted in medical colleges as a text-book, this idea of his did not impress the profession as it should. Some ten years later, however, one Scudder, a practiser of the methods of Thomson, the basis of whose treatment consisted in excessive emesis, diuresis, diaphoresis and purgation, induced by poisonous doses of lobelia and steam-baths, re-enunciated Williams' idea in this way: "Disease is wrong life, wrong life is excess, defect or perversion." Adding to this the intensely practical corollary that the medicines needed to cure excess were sedatives; defects, stimulants; perversion, alteratives; and then inventing the phrases "specific diagnosis" and "specific medication," he became the founder of a new school of medicine—the eclectic, having now about 10,000 adherents.

That these ideas were steps towards direct medication and advances in therapeutics there can be no doubt, but their promulgators meeting the same reception from regulars and homeopaths as had been accorded Hahnemann by the regulars, shut their followers up to these ideas, antagonising all other work in the therapeutic field, at the same time claiming the broadest eclecticism.

The writer hopes that the mentality of the mass of the profession in the three schools has sufficiently developed by this time to ignore these narrow vistas, and to adopt what is useful from all sources without prejudice. How the refusal to do so proves, even now, a brake upon the wheels of therapeutic progress can best be elucidated by reviewing the different measures employed by the three schools in the treatment of some common disease.

Selecting colic at random, we find that Gould defines colic as "spasmodic pain in the abdomen." Intestinal colic is due to irregular and violent contractions of the muscles of the bowels. Byron Robinson says these contractions are controlled by Auer-