

with its state fifty years ago. It will thus be evident that if there are many desiderata now, there are many more data than in former times, and that the practice of our profession is much more satisfactory than it formerly was. Thus cheered by a review of the past, they would look forward more hopefully, and expect new discoveries and improvements with each succeeding year.

But our purpose has been declared to be the justification of the abandonment of blood-letting in very many diseases. We have said that this change is the result of scientific advance, not of vacillation. And in order to show our confidence in this statement, we will accept the challenge uniformly given to account for the abandonment of blood-letting in pneumonia. This disease has not, like typhoid fever, been removed by the progress of science from the class of phlegmasiæ; we still regard it as an inflammation of the lung. And we undertake to show that the change in our treatment has resulted from improvements, and is therefore a ground not of shame but of joy and gratulation. It is because we have advanced in knowledge that we have altered our course of treatment. These improvements may be classed under five heads, viz. :—

1. Improvements in Diagnosis.
2. " Prognosis.
3. " Therapeutical Agents.
4. " Physiology.
5. " Pathology.

1. IMPROVEMENTS IN DIAGNOSIS.

Formerly (fifty years ago) a patient suffering from a severe affection of the chest was declared to have either pneumonia or pleurisy. The distinction between these two was extremely difficult to establish, nor can we wonder at this, since a large number of pneumonias are complicated with pleurisy. So that, in the first quarter of this century, pleurisy, pneumonia, pulmonary congestion, bronchitis, pulmonary hæmorrhage, pericarditis and endocarditis, were liable to be classed as pneumonia or pleurisy, and this group, now so readily discriminated the one from the other, was a confusion and a mystery. If called at an early stage, the physician was unable to discriminate between the several affections, and in such cases the presence of pneumonia was inferred from a general consideration of the observed symptoms, rather than from any acknowledged diagnostic sign, none of which existed in those days at that early stage. But whether the pneumonia was single or double, whether in the upper, middle or lower lobe, or in two or in all three, whether complicated with pleurisy or not, all these were beyond his power of recognition.