

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 colour, opaque and friable and of about the consistence 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-grey colour. Whatever may be the true theory respecting these little grey 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 of 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 by its severity and by its limited locality. Rush writes, "To say that a febrile disorder is contagious is the same thing as to say that it is produced by an animal poison. These animal poisons affect changes in the blood whereby they are abundantly multiplied or reproduced. In order that a specific animal poison should affect its own reproduction in the blood, it is requisite that a certain ingredient should be present. If this ingredient is exhausted the same disease cannot be again produced by the agency of that poison." This is really a very clear statement of our doctrine of contagion and immunity, requiring few changes to meet our present day knowledge.