character. The followers of that school very consistently resorted to starvation, vegetarianism, and to mercurial and antimonial preparations, for the purpose of freeing the system of that *deus ex machina*. With the physiological school the agent of strumous disease was mollified to a more imperfect formation of proteine compounds. They very wisely adopted opposite treatment with a view to regulate the chemical transactions of the body, and to correct the catalytic combinations of the proteine. Both schools accepted perverted hygiene and diet as the remote causes of strumous disease, and consistently believed that it was a disease of pauperism. Again: both schools insisted upon strumous diathesis and an hereditary transmission. These last views are fully compatible with the humoralist principle of pathology, but indefensible from the stand-point of the physiological school. Certain appearances of patients may indicate perverted nutrition, and a morbid principle, thereby engendered, may, like syphilis, be transmitted to generations. But a diathesis for the formation of low-graded proteine combinations is a senseless construction, and the hereditary transmission of such compounds is equally without meaning and inconsistent with the chemical tenacity and restitutive powers of individual life.

Science in its advancement has already made some substantial inroads upon the strumous domain, and narrowed its borders at some vulnerable points. Porrigo capitis and sycosis menti, formerly claimed as specific strumous forms, have of late been proven to be caused by insignificant vegetable parasites. The very prototype of scrofulosis, viz., keratitis scrofulosa, has been reclaimed by modern ophthalmologists as an independent and exclusive local lesion readily yielding to local appliances. And new incursions are threatened from other sides. Help was evidently needed to uphold the loose cohesion of the scrofulous architecture and to save it from pathological downfall. It was but too readily found in tuberculosis. By incorporating the latter with strumous disease, some anatomical tangibility was secured. Gradually the new pathological element has prevailed so completely, that but the name of the old scrofulous doctrine remains. In talking about strumous infiltration, *tubercular infiltration* is meant; and in fact in its former and present application, the tubercular element has completely superseded the strumous one. The transition from one to the other has been effected so clandestinely as to be noticed but by very few. The alliance between scrofulosis and tuberculosis proves, if anything, that neither had ever acquired a self-sustaining existence. Both diseases are clinically and anatomically different in character. One is said to prevail amongst children, the other amongst adults; and only exceptionally is this rule reversed. The organ