

these influences shows that they have acted and re-acted upon each other from the beginning. The truth is that all these improvements were made at almost the same time. From 1819 to 1840 auscultation was discovered and generally adopted. During the very same period the use of antimony was extending itself from Italy to France and thence all over the continent and to Great Britain and America. During the next ten years (from 1840 to 1850) the discoveries in organic chemistry and physiology were made, teaching us much concerning the blood and its relations to functional energy. The thirty years from 1820 to 1850 embrace the period of scientific progress in the diagnosis, prognosis, therapeutics and pathology of this disease. And now that for a quarter of a century we have been reducing to practice the lessons then learned, the results give no ground for regret but for congratulations. The advance has been immense. We cannot hope to give to our younger readers any adequate notion of the changes that have resulted from the discovery of Laennec. The books written on diseases of the chest during the first quarter of this century will show the darkness that then prevailed on this subject. Practitioners may still be found, men of sixty or seventy years of age, who are by no means deficient in general intelligence, and who were deemed well-instructed young men thirty or forty years ago, to whom the diseases of the thorax organs are yet involved in all the mystery of former times. These are men who will yet treat an intercostal rheumatism as a pleurisy, and will consequently be in danger of greatly exaggerating the success of their treatment. To talk to such persons of recognizing lobular pneumonia, of determining in which lobe it exists and of estimating in cubic inches the amount of lung-tissue involved, is to incur the risk of being regarded as an impudent impostor. These, like the books we have mentioned, are the relics of a past age and serve to show how the times have changed since they were young. Another illustration of the improvement that has been made may be found in the difference now existing in the possibility of an exact and satisfactory diagnosis in diseases affecting the organs of the thoracic and those of the abdominal cavities. They are separated only by the diaphragm, but what a sudden change from daylight to twilight, or even to midnight gloom, as we pass from the one region to the other. And this great difference is due to the great advance in our knowledge of the diseases of the chest in these later times. Forty or fifty years ago no such difference existed. May we not indulge the hope that before the close of this century we or our successors shall find, as the result of discoveries not yet even foreshadowed, that the diseases of the abdomen will be as readily recognized and as accurately discriminated as those of the chest, and that the affections of stomach, bowels