

Slight pressure on the skin may be followed by bullæ and even eschars. These come on too suddenly after the central organ has been affected, to allow us to infer that surface causes produce them in the ordinary way.

It is not to be forgotten that morbid processes, wherever found, are, in essence, identical, even when existing in different structures. Inflammation, tumor growth, degeneration and hypertrophy are governed in their conditions of existence by general laws. These morbid states depend on the possibilities in the nerve influence and blood supply. This statement of a general law is also true wherever breaches of continuity exist. The situation or condition of a wound, an abscess, a cancer, or a fracture, may be varied, but this does not change the individual character of each, nor the distinctive vital processes involved in their pathological existence. The healing methods are the same in a cut, in nerve injury, in cicatrizing an abscess or in knitting together the ends of broken bones. Local circumstances may and do modify the character of the new structures, but the life work in building up any or all of our physical organization is uniform. The selective power to give individuality to structure is one thing and the general law of repair is quite another. The knowledge of this fact of generalization is tending to change our practice of medicine, our specifics are gradually being replaced by those therapeutic agents which supply merely material to the system. Nature is not dictated to in its heroic efforts to repair damages in the citadel of life, as it was heretofore in the empirical age of medicine. Pathology has done much for us in this direction. We virtually say to the master builders, we will supply constructive material in the shape of fresh air, sanitary surroundings, nutritious food, phosphorized pabulum and moral treatment, but you are expected to build up the waste places and to give tone to flagging energies.

It is not clearly decided where the trophic centres are situated, but it is evident in all forms of nutritive degeneration, that destructive changes take place in the multipolar cells, and often the axis cylinder is changed into merely shrunken tissue. This cell change and obliteration are more particularly seen in the front layer of the brain cortex and in the anterior cornua of the cord. There are yet undiscovered trophic localities in the

nerve masses, as there is no evidence that either the motor or sensory nerves have the functions of trophic stimulation. This misdirected force brings about mal-nutrition in many forms. Atheromatous and calcareous degenerations, general as well as local, give undoubted evidence of its malign influence. We know how emotional shock, worry, or mental depression effect the functions of organic life, in such organs as the stomach, kidneys and the heart. These derangements are brought about through nerve influence, it being the principal factor in inducing depraved nutrition. Many of our hydra-headed forms of dyspepsia are primarily caused by nerve derangement. We now know that the morbid processes of Bright's disease are due to structural changes in the abdominal ganglia of the sympathetic. In other words, albuminuria is, in its origin, a ganglionic disease (Da Costa). Keen observers are, however, often led away by the fallacy of drawing general conclusions from special cases or specific lesions. They fail in not grouping together a sufficient number of uniform cases to enable them to safely generalize. A great deal of the false theorizing arises from the jumping at conclusions without sufficient data upon which to base a medical doctrine. We need not go beyond the numerous theorizers of to-day to prove how readily novelties are dragged into a medical creed, and then the hobbyist searches for all apparent proofs to fortify his views. Such ignore the logical rule, that it requires not isolated incidents, but groups of indubitable facts to uphold a theory or to establish a medical formula. The medical literature of the last half century shows that all kinds of doctrines were propounded, which there were few pathological facts to stand on. This tendency is to-day giving place to synthetical methods, and our increased facilities to trace the foot-prints of disease into its furthest recesses, have led us to see generic relationships not heretofore dreamed of. Before these discoveries we were looking at results, and were classifying them as diseases, when the causes were overlooked, because they were beyond our ken. We were examining the branches and giving them classical names to find out afterwards that they had a common trunk and were of a common origin. This may be illustrated in many ways. For example, we now find that many diseases are results of nutritive disorder of the