

be saved. Many young practitioners also hold that faith. Where do they learn it? Not in clinical surgery. The public have also begun to believe it: but the public will believe anything that they are told if only they are told often enough. And if the statement is couched in semi-scientific or mysterious phraseology, they seize upon it with all the greater avidity. Otherwise, how would bone-setters, vendors of patent medicines, and other quacks, qualified and unqualified, flourish like a green bay-tree in the sunny corner of an arboretum?

But is the outlook in advanced tuberculous disease necessarily so hopeless in the absence of active surgical treatment? To answer this very important question I will instance an imaginary case of a young man, who, a year or so previously, hurt his back in a fall at a gymnasium. He has now pectoral neuralgias, and dull pains between his shoulder blades and in his back, which have probably been ascribed to "rheumatism." Eventually the discovery is made that the third and fourth dorsal spinous processes are unduly prominent, and it is evident that the bodies of those vertebræ have undergone complete tuberculous disintegration. The disease is close behind the arch of the aorta, and the surgeon is unable to get at it. He cannot scrape it and he cannot irrigate it with germicidal lotions. I believe that there are some surgeons who would attack it if they could: *rien n'est sacré pour un sapeur*; but, fortunately, he cannot possibly get at it. What then is to be the future of this patient? Is he going to die the death as the guinea-pig would in the laboratory? Most certainly not. He is to be made to lie about, in the sun if possible, and he is probably going to get well. Everyone here has acquaintance with such an individual, or if he does not know him personally he has seen him in the street. He is rather a short man with peculiarly high, square shoulders, and with a boss between them. And not only has he long since outgrown his tuberculous disease without any operative assistance whatever, but could we see him in his own home we might not improbably find him—and I say it with some regret—surrounded by a crowd of apparently healthy sons and daughters.

Such a case is one of great clinical importance: it shows that a man with an undoubted tuberculous lesion of the first magnitude can completely recover without having undergone any operative procedure whatever. At the end of the nineteenth century it is somewhat unusual for any patient with any surgical affection to be allowed the opportunity of showing what he can do without submitting himself to operation, so that such an account as that which I have just instanced, becomes not only important but actually interesting. One rarely hears or speaks now of the *vis medicatrix naturæ*: surgical zeal has apparently rendered it not only obsolete but superfluous.