

small, and the opportunities for clinical observation correspondingly limited. This militates against accuracy of diagnosis. The conditions of medical practice, on the other hand, are particular; there is little room for specialization; the medical man is engaged in general practice; the calls, therefore, upon his knowledge are as diversified as they are often urgent in nature. In young communities, again, many different racial and constitutional types are represented; pathology, like society, is in a state of evolution,—a disconcerting problem for traditional clinical medicine, with its reliance upon antecedent to contemplate and solve.

Methods founded upon general conceptions assume, under these conditions, an increased degree of importance. Indeed, it is a question whether these conditions are not amongst the chief reasons for their existence; such methods, therefore, could hardly meet with anything but a generous welcome upon an occasion like this. Let an example serve the double purpose of introducing our subject and illustrating our meaning.

The first breath of cold weather, after a hot American summer, has called upon the country physician to consider the following case: A young man, arrived within the year from the mother country, is slightly indisposed; he is disinclined to follow his ordinary occupations; he feels chilled, he has an unpleasant and unusual taste in his mouth, his appetite is impaired, his liver disturbed, and the functions, he thinks, of the alimentary canal in general disarranged. His night has been restless, and his mind is depressed. What is likely to be the matter with him? The physician engages upon his investigation in the classical manner. He examines the tongue and sees that it is slightly coated, he takes the pulse and finds both the rhythm and tension disturbed, he tries the temperature and finds it slightly abnormal; the region of the stomach is probably resonant, the epigastrium tender, the abdominal tension, perhaps, increased, and the liver sensitive. What are the morbid antecedents of the patient, he enquires? Nothing of any special significance, he ascertains. What information can considerations of heredity elicit? None of a definite nature. The physician hesitates, his diagnosis is evidently uncertain; but he reassures the patient, recommends rest, calm and warmth, prescribes the habitual laxative with the not less inevitable saline draught, and recommends a light diet, with absence from alcoholic stimulant.

A similar attack, accompanied, perhaps, by some indefinite throat trouble, not long after, again engages the attention of the physician, who makes the same recommendations as in the