Veratrum was given until the pulse was reduced from 140 to 80, and yet the consolidation continued to the bitter end, and the patient succumbed with a normal pulse. History repeats itself in the application of the coal-tar antipyretics recently so much in vogue.

The temperature may be readily reduced from 105 to 100, and, as in the case of veratrum, we may even have the questionable satisfaction of seeing the patient die with a normal temperature. This striving after symptomatic remedies is the unhappy legacy which our forefathers have bequeathed to us. It is an echo of this mysticism which veiled their idea of disease and which led them to regard the latter as an essence rather than as a manifestation of certain disturbances in the economy which rendered the latter incapable of regulating its functions. Therapeutics would be a simple art in this day of patent medicinal agents, could its aims be merely filled by meeting certain symptoms or certain definite alterations in the functions of the body.

As pathologists it is our function to discover changes in the organs, but as physicians who stand at the bedside of those who implore us to heal them, we can accomplish but little if we are called to act after these changes in the tissues have taken place. As has been well said by another, the physician who is called to combat a case of well-established organic disease with remedies may be likened to the sanitarian who is called upon to prevent an infectious disease by disinfecting the emanation of the patient. The physician who would cure, must assume the task early; in the beginning of that anomalous relation between capacity of the system for work and the demand upon it for work which is really the inception of all tissue changes and which may be prevented by limiting the labor imposed upon the organs. To discover this anomalous relation in its incipiency, and to guard against its development into organic disease, is the function of the true physician. The latter must soon discover that in this contest medicinal agents play an unimportant rôle when compared with those methods which we learn by observation of nature's course in health. As an illustration may be mentioned dilatation of the stomach, an organic alteration which is most commonly the result of long-continued insufficiency of its functions. The early recognition of the causes, the adaptation of diet, mode of life, manner of eating, gastric lavage, etc., to each individual case, will conduce far more to the prevention and cure of the organic disturbance than all the medicinal agents, from ancient gentian to modern strychnine, from muriatic acid to pepsin. No physician of experience can gainsay this proposition. It must be patent to the most enthusiastic poly-pharmacist that he accomplishes only an amelioration or removal of certain manifestations of disease—a result which may and probably does facilitate a restoration to health, but is rarely if ever the direct means of such restoration.

In the large preponderance of acute diseases, among which may be numbered all infectious diseases, the administration of these medicinal agents is not only entirely symptomatic, but in many instances absolutely harmful. Take as an example a case of appendicitis. The tendency to treat such a case as localized peritonitis and to meet the symptoms tempts the average practitioner to prescribe morphia to subdue pain, ice or poultices to the right iliac regions, food to satisfy the bugaboo of coming failure of the vital powers, and an antipyretic to reduce the temperature. This is not a fancy picture but a chapter from personal experience. Coming into contact with such a case as a consultant, how can the latter take his bearings? Like a mariner in a fog he is handicapped, pain is absent, temperature perhaps normal, all is serene, except the anxious countenance, perhaps vomiting, and the attendant's fear that some ill may be brewing. Here the remedies employed have hidden the enemy's movements, the physician has become the ally of the disease; diagnosis and prognosis become difficult, and valuable time may be lost. I am sure many of my hearers have passed through this experience. Am I presuming too much then, if I counsel that in the early stage of disease, the warning of Italy's lamented clinician, Cantani, be constantly before our eyes, "Nil Nocero." To make a clear diagnosis is important for a favorable issue. It is better for a patient to suffer some discomfort than to have his life jeopardized by remedies which obscure the real issues of the case. Later in the case, too, it should be our constant endeavor to avoid damaging the system which is staggering under disease and cries out for every possible aid on the part of the physician. In this day of powerful symptomatic remedies, veratrum for the pulse, antipyretics for the temparature, pilocarpin for the secretions, morphia for the pain, chloral for sleeplessness, all agents which strike mighty blows at the manifestations of disease, often lead to disaster by lulling the physician into a false sense of security. And yet how eagerly they are resorted to, daily observation teaches but too sadly. It may be urged in defence of such a course that the patient and his friends are importunate to have the pain, the fever, etc., combated. Medicine is a business, said a gentlemen in a recent discussion on antipyretics, and we must yield to the demands of our patient to be relieved of his fever. It has doubtless been your experience, as it has been mine, that much can be accomplished by placebos, by mild remedies, by gentle reassurance, and by taking the friends into our confidence.

When there is severe pain, as in some cases of appendicitis, I prefer to keep the patient gently under the influence of chloroform until a decision for or against operative measures can be reached.