of their functions in 1839, and many essays on the physical causes of mental diseases.

To us he was a paramount blessing in this way. Until the middle of the nineteenth century the diagnoses were mostly symptomatic. For instance, it was generally claimed that "gastricismus"—perhaps you would call it dyspepsia now—would change into gastric fever, gastric fever into typhoid; pneumonia and pleurisy were chest diseases; endo-peri- myo-carditis were simply carditis; and cyanosis, fever, dropsy, jaundice, constipation, diarrhœa, apoplexy, and paralysis were recognized as full-fledged and scientific diagnoses. Indeed, we have not altogether worked away from this self-satisfied indefiniteness; for our successors will have to correct us for still making the diagnoses of rheumatism, of myasthenia, of neurasthenia, and of epilepsy, and for coupling with the names of writers a disease or a complex of symptoms,—such as Friedreich or Addison, Basedow or Graves, or even Banti, and for believing that we have thus accomplished the quintesssence of sound and scientific diagnoses.

Nasse taught us to avoid such names and such symptomatic diagnoses. They were permitted as denominations for a class or complex of symptoms, but he insisted upon the finding of anatomical causes; that is why nobody was a more regular attendant on autopsies than our revered teacher. But his principal method was the early adoption of auscultation and percussion as taught by Laennec. Indeed, this great Frenchman credited him with being one of the few Germans who introduced the new gospel into his country. For hours, daily, during the three semesters I was in Bonn, he drilled us personally in percussion and auscultation. With the exception of Krukenberg in Halle, he was between 1830 and 1840 the only public teacher of clinical medicine who treated it as a part of natural science. He died in 1851. I was one of the last two of his young men whom he graduated.

The clinical advantages we had in Bonn were probably superior to those enjoyed in any other university; for the professor of surgery and of obstetrics imitated the example given by Nasse. As the medical school was but small, our relations to the professors and the patients in the hospital—which contained about eighty beds—became quite close. Large classes cannot enjoy such advantages. The amphitheatre teaching in Berlin, Vienna, New York, Philadelphia, and other large cities, afford but insufficient opportunities. That is why so many small practical classes have to be formed there, under assistants and adjuncts. A moderate number of patients thoroughly studied outweigh by far a large number of cases counted, but slurred. A hundred students driven along by a hundred bedsides, unable to examine personally, un-