

cal, chemical, macroscopic, microscopic, biological, and psychological; and this must be done for every individual patient. It is the individual patient that is to be cured, not the disease; and the practitioner who asks, what is good for pneumonia, or peritonitis, mumps, or meningitis, is not working along rational lines. We must remember we have as yet but few specifics for diseases as entities; our definite remedial agents are specifics for conditions. In other words, our treatment of disease in any individual case must be mainly symptomatic.

The first essential, then, for the successful practice of medicine is diagnosis, and the second is treatment—what is wrong with the patient, and how are we to cure him? And all our knowledge and study of anatomy, physiology, pathology, symptomology, etc., is only to enable us to make a correct diagnosis, not to name his disease, but to recognize the departure from the normal in every organ and function of his body. Then with this knowledge we have to set about restoring the normal; and to this end we make use of our knowledge of the actions of remedial agents; and it goes without saying that unless we *know* what an agent will do under certain conditions, our use of it is irrational and unscientific, and we are merely experimenting. Indeed, the ordinary practice of drug therapy, the practice taught in many of our recognized text books and medical schools is uncertain, inefficient, wrongly directed, unpalatable, crude, irrational, and unscientific. Too many of the so-called “eminent consultants” seem to think, that when they have made an accurate and minute diagnosis, their duty ceases, and they have simply to fold their hands and allow the *vis medicatrix nature* to work out the cure. From the patient’s point of view, however, the main thing is the treatment. What is he to do, be, or suffer to get rid of his ailment? And he wants this end accomplished “*cito, tuto, et jucunde.*” The practitioner who, when called in to a patient, finds he has had a severe chill, and has now an elevated temperature and rapid pulse, with pain in one side of his chest, dyspnoea, and a slight cough, makes, after a careful physical examination, a diagnosis of acute lobar pneumonia, and then tells the sufferer or his friends that this is a self-limited disease, which will run its course uninfluenced by any method of treatment, and proceeds to carry out this do-nothing policy, is not the kind of a physician the average patient cares to entrust himself to.

Having then determined what is the abnormal condition present, we proceed to apply the remedy which we know to be capable of antagonizing this abnormal state and restoring