Observations on Medical Practice.

There are two methods in which Diseases may be treated and Remedies employed. And these two methods are - one said to be adopted by the separate Classes of Practitioners. The members of the one class practice their art empirically for the most part, and follow the guidance of recorded experience and their own observation. The members of the other class profess to have Reason as the basis of their practice — to search into the intimate nature and causes of Disease, and therefore to deduce the appropriate Remedy. They call Experience blind, and consequently are distrustful of its guidance. Medicine they consider to be a Science and not an Art.

They go by the name of the Rational or Pathological School. In short words — wonder by day.

To determine the respective merits of each of these Classes, an inquiry must be instituted into the history of certain diseases — of those named which are notoriously capable of being influenced.
favourably, alleviated, or cured, by certain known remedies, and that with the view of determining whether, or not these remedies were originally applied, or are now applied, with a due knowledge of the nature of the diseases on which they exert a beneficial action, or of the specific nature of that action itself. And secondly, upon this inquiry must be instituted to determine whether, by the study of the nature, pathology, or proximate causes of disease, any important results have been elicted relative to the treatment of disease; - For though to the scientific pathologist, the examination and observation of all kindred phenomena are interesting; yet the practical physician whose objects are to alleviate suffering and prolong life, looks upon these investigations (and might as) with interest. Chiefly in so far as they furnish indications by which these objects may be more successfully attained. By following out these two lines of inquiry we shall find some grounds for deciding whether in our choice of remedies we have more reason to trust to ancient experience, or modern theories.

(1) Specifics are very few in number, but such as do exist time on their discovery, and for the most
part are to the present time, employed without any knowledge of the mode of operating. To Quinine or Arsen, the greatest and most certain specific impressive the remark applies. No remedial properties in relation to the disease in question have discovered accidentally, and even now remain utterly inexplicable. In this case every practitioner practices empirically. No one waits to find out the nature of intermittent Fever before he administers the remedy. Yet here 'blind experience is the only guide' and following the leading of that same blind experience has in this single instance been the means of increasing to a very considerable degree the usefulness of the Medical Act. The use of Lemon juice, fresh vegetables to in \( \text{S} \)carbute is also empirical. Attempts have been made indeed to show in what the disease essentially consists, and how the approved remedies act; but the fact that five or six theories are at present ascribed with the object fully warrants is in deciding that the rationale of the treatment of \( \text{S} \)carbute is not yet satisfactorily determined. Sulphur has used in Scarlet Fever before it was known to be a parasitical adenue - and even so late as 1848 it was doubted whether the Marcos Youelius was the real cause of the
Eruption (Chiristom).-Our other remedies, such as Chloride of Lime, have been discovered before that period. Now it is known that these medicinal agents can be used by destroying the animal which causes it, but the knowledge of the cause did not suggest, but merely explained the use of the remedy.

Many remedies, not specifics, are known to exert a beneficial influence, frequently, in general, even certain morbid states. These will be found to stand in the same position as those just enumerated. The action of all are most familiar therapeutic agents. Bloodletting in Inflammations, Mercury in certain forms and Stages of Syphilis, Cuprata 1 Cubits in Gonorrea. It is far from being satisfactory, explained. Sulfate of Soda was discovered to be quite a Remedy even by pure accident. Balsam Orange was administered in Cases of Bronchitis long before it was suspected to contain Indica. And to the present day there is no probable theory of the Action of the latter Remedy. Linseed of Botanical is used empirically in the treatment of men Carius. Syphilis. So is Cuprata in Gout. So is Ammon. pine in Chorea. So are Cannabis indica in Tetanus, Creasote in vomiting. Chloroform in Insipid Convulsions, Chlorate of Potash in Syphillis. So are in
fact almost all the medicinal agents prescribed by practical
physicians in everyday practice —

One great discovery has been claimed as a triumphant
example of Rational treatment of disease - not remedial
in the case, but prophylactic. I mean Vaccination - and
yet it is empirically employed to this day. For before
it can be said to be understood, we must account for
the fact that Smallpox does not as a general rule oc-
cur twice in the same individual. And though a
very ingenious theory has been framed with this object,
yet it is by no means established, is wholly unproven,
and open to several objections. But true or false, it
was certainly not known to Dr. Jenner, who was led
to employ Vaccination by observing that Milkmaid
who had Cowpox were unaffected by the pustule of
Smallpox, i.e. it was experience of the efficacy of the
pre-existence of Cowpox variola, that led to this great
discovery. The only residue of reason required of him
was this, that most probably the Cowpox artificially
intentionally produced, would be as efficacious in pre-
exting the appearance of Smallpox as when it was
induced by accident —

(2) What then is the state of so-called Rational
Medicine at the present day? The Study of the Laxative

Chloroform —
under pathological conditions has been prosecuted with great industry, energy, and talent. The nature and causes of disease have been explored by men whose names alone would tend to give us confidence in their observations. Experiments, without number, have been performed. Chemical analysis has been brought into requisition. The microscope has afforded valuable assistance. The greatest pathologists, chemists, and practical physicians have contributed their best towards the furtherance of this one branch of medical knowledge. But the difficulty of the task they have undertaken sufficiently accounts for the number of the laborers. When we consider the almost incalculable number of diseases to which the human body is subject; the fact that one single disease is seldom found in the body alone and uncomplicated; and the great variety of organs and tissues that may be affected, we may be able to form some idea of the difficulties to be overcome. But even the normal microscopic and chemical constitution of these tissues and organs is in many instances far from being satisfactorily determined. How then are we to study the alterations which they undergo in disease? Chemical analyses, if adequate for the one task, is by many
degrees if possible more inadequate for the other. The minute differences in the proportion of elements, or the presence of a very small amount of a morbid element, which are held to account for very important changes in the general system, are at present too great to be appreciable by the most careful examination. Is it safe then, to trust to the Comparative Rude and Coarse Means of Conducting Chemical analysis which we at present possess in our attempts to determine the Causes, and what is of greater moment—the treatment of in\n
portant and dangerous diseases?

The diseases most favorably situated for investigating are certainly those for which we possess a Cure. If we find a certain Malady which we have the means of arresting or preventing by certain medicinal agents, most undoubtedly the Nature of any Malady is capable of being ascertained, it is this one in particular—Intemperate Fever is in this favorable position. Nay, not only is its Cure established, but its habits are ascertained. Particular districts and Circuits are allotted to it, in which the peculiar agent which gives rise to it must be located—an agent which must be common to the various districts, in which Ogma
is generated, and which must be absent from other districts in which ague is unknown. An agent which has been banished from some portions of territory (by drain- ing and other means) when it must have existed—yet an agent which, to the present day, has eluded the most vigorous investigation. So much for the cause. As for the ultimate nature of ague, it also as well as the modes of prac- tice of medicine— is utterly unknown. Notwithstanding, though so obscure and so obscure, yet none is amenable to some satisfactory treatment. Again, the ex- tremities fever stand in a comparatively favorable position for investigation. If a disease is found to occur only once in a lifetime, one would suppose some differ- ence to exist between the Constitution of the tissues of an individual who had, and one who had not experienced an attack of that disease, especially as almost all are susceptible of its influence. Thus a theory of the pathology of the clap of affections has been propounded, which some hold to account for all the facts observed. The theory is, that there are several elements in the blood (corresponding to certain diseases), which are acted (or capable of being acted) upon by certain poisons. Whereupon an action is set up, analogous to fermentation, producing symp-
tions of disturbance in the system, until the person and the element upon which it acted are both eliminated. This applies several of these elements for the theory is held to account for the occurrence only once in a lifetime of all the pathological fevers. Yet not one of these elements has been demonstrated to exist. The only things wanting are proof and perhaps probability. For not one of these elements has been demonstrated to exist. And if the assumption be true that they are actually present, what can be thought of the powers of chemical analysis that can allow such a number of elements to go undetected?

Again, Bartholinus is in an equally favorable position for investigation as the other diseases I have been advertent to. And many attempts have been made to determine its nature: as evidenced by the fact that several separate theories have been broached upon the subject. Not one of them however has been invariably established—a state of matters the less to be deplored, as the disease is quite amenable to treatment, empirical indeed, and established by experience but not the lep in that account effectual and satisfactory. If then, pathologists have failed to determine the nature of diseases such as these—
- Of diseases their causes are to be looked for within
definite limits. Their antidotes have been correctly
determined and applied; under circumstances therefore
the most favorable, or rather the least unfavorable for
their removal. Circumstances in which they can ex-
amine the tissues and organs affected. While in their
expanded condition, and compare the results with those
of an examination of the same tissues and organs in a
state of health. Both in those who have never been
affected by, and in those who have recovered from, the
disease; - when further, they can watch the progress
of the cause of such diseases, under the administration of cer-
tain medicinal agents, and mark the various effects
upon fact and symptom which these remediul agents pro-
duce: - if they have failed in such circumstances
under what conditions are they to succeed? What pros-
pects of success have they in such a disease as Cholera,
whose cause is vaguely supposed to be putrid, and
whose treatment is utterly unknown? For what
prospect of success have they in those affections called
functional, and indefinitely referred for their origin
to disorder of the Nervous System? Affections of
which the causes are unknown — the treatment to
day the least) investigatory, and in which often
Death no lesion can be traced which accounts for the symptoms manifested during the life of the individual.

But my object is not to bring discredit upon the study of disease. Far from it. I believe these investigations will in future be productive of the most valuable results. And that the prosecution of them is the true and only scientific method of advancing the art of medicine. But the branch is still in its infancy. Our means of investigation are confessedly imperfect; and the difference of opinion that exists in almost every point in pathology sufficiently attests the insufficiency of the means, and the uncertainty of the results that have been attained. My object therefore is, to inject caution in applying these results in many cases necessarily erroneous to the treatment of disease. At some future time correct results will undoubtedly be obtained, and will then have an important bearing upon practice; but in the present state of the science just as undoubtedly fatal mistakes may happen and have happened in consequence of following the guidance of erroneous though plausible theories.

Examples are not wanting to prove the latter statement. Continued fever was considered at one time by high authorities to be nothing else than a fever symptomatic of a local inflammation of inflammation in part of the brain.
And its membranes. This, from the Symptoms and from certain lesions observed after death, was supposed to be the essence of the disease, and hence bloodletting was freely practiced. Dr. Armstrong advocated the plan of treatment.

Now if any thing has been inculcated about the treatment of continuos palsy, it is that depletion cannot be borne in this disease, at least in those forms of it that have prevailed for many years back in the Country. Yet in consequence of founding the treatment upon the theory just mentioned, (and now established to be erroneous) probably many lives have been unnecessarily sacrificed.

Another example may be cited of an opposite character in regard to the employment of the same remedy. Upon a certain theory, bloodletting is held by some to be not only useless but absolutely hurtful in inflammations. Perhaps the theory was formed to justify the practice after the latter has commenced; but at all events, the former plays an important part leading (as the part of those who believe in it) to the perpetuation of the practice, if it did not absolutely originate it. Now I would not venture to characterize the abandonment of bloodletting in inflammations as fatal practice, because that has not yet been proved; but I would characterize as dangerous the principle upon which it is based. I reject
altogether a remedy that has been employed more generally than any other without exception, is a proceeding that ought to be upheld by the most conclusive evidence in its favour: To throw overboard the experience of centuries is an innovation that would require to be supported by something more than a new theory however plausible—or a few years practice however apparently attended with success. For even admitting—which is not admitted—that all inflammations can be satisfactorily treated at the present day without ablation of blood, yet the case of a few years ago utterly changes the character of the disease, and reverses the proofs of the practice; just as in one epidemic of continual fever a physician treated all his patients with injections of poppy syrup and warm water; but the result that he lost only one out of eighty three, while in another epidemic under the same treatment the mortality was one in four a fire;—and just as at one time Jennerian fever has been treated very successfully (comparatively) by emetics, while at other times those very same utters well, and chills and chills with free bleeding—so different cases prove of the utmost service. So with inflammations. Bleeding may be omitted the year with comparative impunity. Next year fatal results may be the consequence of the omission. One more instance
of the failure of theoretical practice and I have done. Cholera was held to be a disease in which the princi-

cap fault was deficiency of salts in the blood. The practice of injecting saline solutions had been followed.

The result was curious—a surprising temporary amendment. But I have no one holds that the mortality from the
disease was diminished by a single instance in conse-

quence of the practice. Besides the fact that injec-
tions of warm water were followed by the same ef-
sult, shows that the introduction of the salts said
to be deficient was absolutely useless. But the

Anti-Empirical Practitioners may claim some meth-

ods of treating disease as of a rational character. Such

for instance as the use of alkalies in acidity of the

stomach. And they might almost be allowed to triumph

in this great successful instance. But after all the ac-

idity is undoubtedly only a symptom of a diseased state

of the system and not the essence of the complaint.

However so far as it goes the treatment is rational,

for the Modus Operandi is clearly ascertained. In

the same position stands the treatment of poisoning

by the administration of chemical antidote. But

this is not the treatment of disease—inasmuch as it

is only available while the materia medica is still
in the stomach, therefore without the body—and not after it has been absorbed and introduced into the system.

It appears in fact, that almost all instances of the successful treatment of diseases were empirical or experimental in their origin, and that most of them are used empirically even to the present day. Not that the state of things is satisfactory. On the contrary, I consider the researches into the pathology and causes of disease as of the first importance. If medicine is ever to hold the rank of a science; if there is ever to be any certainty in its practice, it must be by means of such researches. My object is merely to show that as yet, from defect in the means and methods of observation which we at present possess, these investigations have not resulted in success proportioned to the labour that has been bestowed upon them, and that in the mean time, it is of the utmost importance to use the greatest caution in applying such results to the treatment of disease. And to guard against the possibility of a favourite theory leading us into error and a doubtful practice, and blinding us to its fatal consequences.

What is the future course of empirical medicine.
Medical Practice has in reality been one gigantic experiment. Up to the present time the question has been, will this or that drug cure this or that disease? Our men have been content to employ the remedies they use, and to cast them off when useless, without particularly inquiring into the reason of success on the one hand, or of failure on the other. The experiment as a whole has undoubtedly been a failure. A few diseases indeed have been brought under the power of medicine, but it is true that for every disease there exists an appropriate remedy, how vast is the field of discovery yet open to the medical pioneer! The causes of the failure are very obvious, for the difficulties to be encountered are enormous. For in the first place, the same disease under different conditions is not amenable to the same treatment. In an epidemic of typhus a bottle of lemonade a day may be administered and almost all the patients recover; yet one could hardly maintain that this is the appropriate treatment of the disease under all circumstances. Yet this is the sort of mistake that people are continually falling into. And it is a mistake that they will always fall into if they trust to the experience of others in any disease where the symptoms and
Complications alone are treated. And such has been the treatment of typhus and of all the allied fevers. But the permanent symptoms vary infinitely according to circumstances; the danger frequently arises not from the disease itself, but from the complications generated or favoured by such circumstances. And therefore the same drugs employed, being directed, not to the disease which is fixed and constant—but to the symptoms of complications which are numerous and variable, must necessarily vary to suit the symptoms and complications which occur in particular cases. So it must ever be with those diseases for which an antidote has not been discovered—with those diseases which the physician can only undertake to guide and not to cure. And to lay down dogmatic rules for the administration of certain medicines in such cases appears to be not only useless but dangerous. The circumstances which determine the differences that exist not only between different epidemics, but between single cases in the same epidemic are infinitely varied. The climate, the season of the year, the situation of the place—whether high or low—dry or marshy—in the country or in the city—the sanitary condition of the district & of the house—the age of the patient, his position as to food, clothing, et
his individual Constitution, Even in Temperament, and the Association with which he is surrounded, all exert a marked influence upon the course of the disease, and must be considered by the Physician in relation both to prognosis and to treatment.

Another source of error and another cause of failure in the application of remedies to disease is traceable to mistakes of the Physician himself — e.g. the mistaking of recovery for cure. Nothing is more common than for medical men to speak of having cured such and such a disease by the administration of certain drugs. Then it may be as reasonable to suppose that the patient got well in spite of such administration, as that they recovered in consequence of it. This is an important source of fallacy, not only affecting the man who commits the mistake, but those to whom he communicates an account of his imagined success. If they believe it, the error occurs chiefly in reference to acute diseases whose duration is either variable or not ascertained. Nothing I suppose can guard against the fallacy except great caution, and the observation of a great number of cases. Not only the name of the disease, but its apparent severity and all the circumstances that may have operated upon it are modifying influence — for
When amendment follows the administration of certain remedies in one or two cases, how is it to be ascertained whether the amendment merely followed the administration or was caused by it? Difficulties and errors such as these have led to the notorious diversity of opinion that exists among practitioners, to the present uncertain and unsatisfactory state of medicine, and to the tenacious abuse of remedies that has arisen in the practice of it.

The abuse of remedies is a subject too extensive to be more than hinted upon here. It will be sufficient to cite one or two instances in illustration. Acute Rheumatism has been recommended to be treated by Bloodletting, Mercury, Opium, Nitric Acid, Potash, Acetate of Potash, Lemon Juice, Sudorifics, Purgatives, Bitters, et cetera. In the treatment of Tetanus almost the whole materia medica has been haunted. Hooping Cough has been attacked by means of Opium, Tartar Emetic, Belladonna, Specimen, Alum, Musk, Hydrocyanic Acid, and a host of others. Continued Fever also affords a good illustration. The principal remedies that have been recommended are — Bloodletting, Mercury, Cold Affusion, Emetics, Sudorifics, Quinine, Salicylic Astringent. It will be observed, having ar...
only a different, but in some cases even an antagonistic action. Now most undoubtedly, most of these remedies of not all have been at one time or another in the treatment of continued Fever. Yet I have not the slightest doubt that all of them have been of use in certain cases of the same disease. The more committed they have been to the same as that directed above— that of modifying certain forms, complications, or stages of a disease for the treatment of the disease itself. There can be no question that in the lymphatics a inflammatory form, blandletting was of very great advantage— while in the dysentery and enteric forms depletion is counted not useless but frequently dangerous. But three these forms being for a long time indistinguishable the remedy applicable to one was applied also to the other two, for which it was, and is, certainly unsuited. Again, Mercury seems to have been advantageously employed in certain epidemic, probably in consequence of some common complication occurring at that these particular periods. Yet it is acknowledged in these cases it have done more harm than good. Again, at certain stage of continued fever, opiates may be of the greatest service. By, in the latter periods of the disease, then
The patient threatens to sink from exhaustion, but they rely on means generally applicable in the treatment. So with emetics, purgatives, and the whole host of drugs that have been vaunted as curative agents in this disease. All may have been useful under certain conditions, in particular forms, in particular stages, or as directed against particular complications. Yet all, if recommended and employed under all circumstances whatever, are most undoubtedly so many remedies abused.

But look for a moment at the same subject in another aspect. viz: the abuse of certain remedies, or their too indiscriminate employment, in various diseases. One or two remedies may serve in instances. Perhaps the most powerful, the most universally employed, and the most useful of all when judiciously used in Bloodletting, is in both hands on the one hand, on the other, of all remedial agents. There is scarcely a disease, nervous or inflammatory, chronic or acute, strung or asthenic, where bloodletting has not been recommended and employed as the proper remedy. And in almost all the cases in which it has been applied erroneously there has probably been the same source of fallacy as before - for there is scarcely a disease in which
Some complications may not arise requiring a rendering advisable the abstraction of blood. But the excessive abuse of this practice is by no means an argument for its total abandonment, but only for increased caution in the use of it. The present reaction against bloodletting is too violent. The extreme to which some have proceeded, considering bloodletting as a remedy not to be employed upon any account or under any circumstances, is probably as dangerous as the opposite extreme. The lack of use of it; and the disasters attending the one practice, though not so obvious or so easily demonstrated, may be ultimately found as great and as fatal as those attending the other. Mercury stands in the same category. The dreadful results that most undoubtedly flowed from its prodigal employment, especially in those affected with the venereal disease, ought not to create a prejudice in our minds against its use under any circumstances. And the allegation of its opponents, that it is a dangerous poison, intended to lead us to this conviction, only proves it to have the same rank as the most important medicinal agents in the materia medicæ. But the subject of abuse of remedies is too wide to be fully entered into here. That abuse can only
be avoided by great caution on the part of the practitioner - by extensive observation, by care in distinguishing the effect of drugs from spontaneous amendment or change in the course of the disease under treatment, and by being thoroughly convinced of the correctness of his observations and conclusions before he publishes them for the use of others. Also, he ought to guard against being blinded by any favourite theory, or rather against holding to any theory whatever, implicitly, until it is ratified by experience and the results of practice.

One great duty of the physician is to do all that he can for the prevention of disease, and to call the attention not only of his profession but of the general public to the subject. Prevention is better than cure. And not only so, but it is probably much more within our power. Prophylactic remedies we have reason to believe do exist - though whether any have been certainly determined. Belladonna seems really to have some preventive power against scarlatina - although there is a great difference of opinion in reference to this point. The use of arsenic is said to guard against an attack of acute cholera. Vaccination need scarcely be alluded to, as its power and inestimable advantages have been throu
coughs, established — Probably this Department of Medicine will at some future time be greatly extended, and then can be no doubt that if preventive remedies could be discovered for contagious diseases, much more benefit would result from the discovery of merely curative measures. But as it is, there are many means within our power, if not of preventing the outbreak of such diseases altogether, at least of limiting to a great extent their extension, and to vastly diminishing the mortality from them attacks. It is a significant fact that in the houses of the middle and upper classes contagious diseases very seldom spread; one or two individuals may be attacked, incidentally, and then it ends. While in poor and neglected districts, in crowded streets of large cities, for instance, epidemics are commonly very general and very fatal. The explanation evidently is that in the former case the ventilation is perfect, and prevents the accumulation and concentration of the poison. While in the latter the same poison finds conditions most favorable for its lodgment that can possibly be conceived. In hospitals, where fresh air is abundant and the beds are not too much crowded, continued fever is found not to be contagious, one or two agons distance from
The individual affected by it; and one or two typhus patients can be laid in a general ward without any danger of the rest of the inmates catching the disease. Of course, however, if a whole ward were filled with fever patients, however perfect the ventilation might be, the poison of taking from so many living bodies would become too concentrated for the safety of occasional visitors. — The practical deduction from these facts is obvious. They show the immense advantage of proper sanitary regulations, and point to the duty of endeavours to improve the condition of the poorer classes, who suffer most severely from all contagious diseases. These duties however belong more to the practical man than to medical men, whose part is to draw the attention of the proper authorities, by showing the advantages that would be derived from their fulfilment.

It is a question agitated at the present time, whether or not the study and observation of individual constitutions or diseases ought to have any bearing upon treatment, and whether these constitutional peculiarities can be ascertained by inspection of the external form and features of each individual. Of course I do
not feel competent to give any opinion upon the
point — and it is so comparatively new — at least
as a systematic branch of Medicine that the opin-
ions of others cannot be cited upon the subject.
Certain Constitutions have been recognized from a
very ancient date — as for instance the Scrophulara;
but the systematic arrangement of the various de-
atheoses — the rules laid down for the ascertain-
ing of these, — and the recognition of their practical
bearing upon treatment are certainly of modern
introduction. That there are difficulties to be en-
countered in the practical application of the Dia-
phetic Theory to practice, can be seen at a glance.
For however few be the original typical forms of
Constitution, they must be infinitely multiplied and
interwoven by intermarriages. Hence it is very rare
to find a typical form at all. And if almost
every individual has a composite Constitution, and
each the elements of it in different proportions;
— if, for instance an individual is partly of the Stru-
mous and partly of the Asthmatic Diathesis — and
if the Strumous and the Asthmatic Diathesis under
the same Disease, essentially different Management,
it is difficult to conceive how it is possible to
apply the appropriate remedies. In individuals of a more complex constitution of course the difficulty would be still greater. Again, the study of the diathesis is said to be of great use in diagnosis. But it is not easy to see how, except in the typical or almost typical forms. If each diathesis is liable to a certain set of diseases, will not the composite diatheses be liable to all? Here however as elsewhere, experience only can finally decide upon the advantages or disadvantages of the auxiliary to practice, and if its verdict be favourable, all merely theoretical objections, however plausible, must be thrown to the winds. The opposition it has encountered ought to have no weight either for or against, since no innovation in Medicine, good or bad, has ever been started but it has met with a similar reception. — And it seems to me that the theory of difference of constitution is the only one by which we can attempt to explain the great diversity of effects referred to the same exciting cause. For instance, the application of cold to the human body is generally held to account for the occurrence of any inflammation whatever. Whether it be in—
Flammation of a serous, a fibrous, or a mucous tissue, if the individual has been exposed to cold, the practitioner is content, and thinks he has as
obtained a point in the etiology of disease. But
why does cold produce its effects on one individual
on the pleura, pericardium, a synovial membrane
of the joints; and in another, on the mucous mem-
brane of the lung, or of the intestinal canal? This
has remained utterly unexplained. But if it be
ascertained that there are differences of constitu-
tion or constituting,- and that, corresponding to
these there are different diseases to which each is
liable, our different portions or tissues of the body
apt to be affected, that is an advance in etiology-
forming a predisposing cause, or predisposition
by which the effects of the exciting causes of dis-
ease are brought under definite restrictions and
modifications.

The state of medical practice at the present
day is not altogether satisfactory or at least hopeful. An immense advance has been made within
the last half century in the diagnosis of disease;
- and if treatment has not improved in the same
proportion, yet it has made progress—let us hope in the right direction. Routine practice is becoming obsolete. Men are showing a determined spirit of inquiry and expressing dissatisfaction with the present condition of medicine—premonitory, perhaps, of some great advance or movement that is to follow.

Charles Edie