the practice was like the pathology ; it was either modelled slavishly on custom and tradition, or it broke violently loose from these upon the basis of some outrageous dogma, which did not even assert for itself a birth out of carefully studied evidence, but only out of the dust of the arena, the fierce polemics of contending factions. It was scarcely a very violent caricature of the practice of his day, when Boileau compressed its results as regards the patient into one stinging line—

"L'un meurt vuide de sang, et l'autre plein de séné."

or even when Molière, out of his unbounded contempt for the whole apparent resources of the art, represents the whole chorus of the faculty as loudly approving the barbarous statement of them by Argan—

"Clysterium donare,

Postea seignare,

Ensuite purgare,

Repurgare, reseignare, et reclysterizare."

I do not mean to assert that Morgagni himself entirely escaped the influence of these debased traditions of art, or that we his successors have in all cases even now got clear of them ; but it may be safely said that the foundations were laid by the Professor of Padua for our escape, and that all the good work done and yet to do, in this direction, has been, and must be, guided by the spirit and method of his work. And in this sense I claim not only the professed and exclusive morbid anatomists, but also, and still more, almost all the greatest physicians and surgeons of our own and the last century, as the legitimate successors of Morgagni and the inheritors of his method of working. Without him, we should probably have waited much longer for Laennec, and might very probably have been at this hour without the stethoscope, and all that it has brought us. Without him, we should almost certainly have been without those means and appliances in all our hospitals, which produced for us in this country Baillie, the Hunters, Richard Bright, Astley Cooper, and a host of others both at home and abroad, who have contributed their stores of experience to an investigation of disease at once clinical and pathological. The pathology of continued fever and the differentiation, upon sure grounds of fact, of its varieties ; all the work, in fact, which is represented by the labours of Bretonneau and Louis in France, of Stewart, Jenner, and Murchison in this country, is a direct emanation from the school and method of Morgagni, and has, like the work of the Italian physician, been quietly dispersing a whole dark cloud of visionary pathology and erroneous practice ; the old names of febris pituitosa, biliosa, nervosa, putrida, maligna, etc., have disappeared, and order has entered in where there was formerly a chaos ; as a consequence of this, our information as to the causes has grown to a reasonable degree of precision, and preventive medicine has obtained access to a realm where the blind fear of contagion was at one time the sole dominating idea. And, although we have as yet no grand curative discovery to boast of in this department, yet who shall say that it is nothing to have studied accurately the natural history of these diseases, and so to have been saved from the errors of Broussaisism on the one side, and Brunonianism on the other ? that the whole realm of the continued fevers of this country has been rescued from confusion ; that diagnosis has been rendered exact, and statistical conclusions possible, are results which we owe simply to a rigid application, by many and varied minds, of principles derived in great part from the work of Morgagni ?

Then cast a glance, if only but for a moment, over the great results which the same clinical and pathological method has worked out for us in the departments of cardiac, renal, cerebral pathology ; how, in the memory of men now living, the diagnosis of valvular diseases, embolism, uræmic poisoning, and a host of collateral conditions formerly entirely obscure or misunderstood, has been brought into daylight, and connected securely with the history of the corresponding organic lesions. Think what an advance has been made since the days when delirium tremens was supposed to be a kind of phrenitis, and treated with indiscriminate bleeding ; when *apoplexia serosa*, now known to be almost always a sequela of serious, and for the most part irreparable, organic changes in the kidney, was regarded as evidence of congestion of the brain ; when valvular disease of the heart was almost sure to pass for asthma, or dropsy, or hæmoptysis, and to be treated without reference to its cause in the central organ of the circulation ; when embolism, white softening, calcareous and other degenerations of the arteries, etc., were unknown as the causes of apoplexy or paralysis, and almost all cases of sudden disorder within the brain were regarded as congestive or inflammatory, and treated by bleeding ; when attacks of mania, even when occurring in connection with general paralysis or in the dementia of epilepsy, had no other pathology than an inflammation or congestion supposed, and only supposed, to exist ; when the delirium of fever had most frequently a like explanation, and was too often met by the inevitable emission of blood. The changes of our point of view in these and many other similar instances we owe to an exact and detailed study of the visible and tangible facts of disease, pursued essentially after the pathological

and clinical method initiated by Morgagni ; and in every instance the result has been the dispersion of a host of vain imaginations, which had led the minds of men for centuries, and contributed largely to a most irrational practice.

But modern pathology has not contented itself with these triumphs. Its aim now is not only to grapple with the question of the "scats and causes of diseases", in the sense in which Morgagni understood the expression, but to investigate and unfold the more intimate nature of pathological processes ; to trace the intricate changes in the tissue-cells which constitute inflammation, tubercle and cancer ; to make visible through the microscope, and sensible through a refined chemical analysis, the degenerative processes through which heart, and liver, and kidneys, and arteries, and brain are rendered unfit for the performance of their functions ; and here again, to trace out by a more exact and a much more refined examination of symptoms, the relation of the functional disturbance, as observed during life, to the essential organic change. It seems, indeed, as if we were going back again to the old and fruitless research into the proximate causes of disease ; but with this difference, that what we seek now is not a mere notion embodied in a word, such as were the alleged causes which occupied so much space in the ancient pathologies, but a positive result of science resting upon detailed evidence, and only open to controversy in so far as exact observation, and carefully performed experiments are liable to vary and to fail even in the most practised hands. But to carry this new science of pathology to its utmost limits, nay, even to appreciate its processes and verify their results, requires no less than that the observer should have spent, and be willing to spend, hours upon hours continuously over his microscope, or in the chemical laboratory, or in the extremely delicate and absorbing work of physiological and pathological experiment. The Cellular Pathology of Virchow, with all the detailed observations and doubtful questions that have arisen out of it ; the exquisite researches of Cohnheim and Recklinghausen ; the experimental physical and physiological results obtained by Klein and Sanderson, seem to be leading the way to new depths of science that can only be sounded through the absolute devotion of a lifetime to new methods of research. It is here, I confess, that I begin to feel as if my proper place were not exactly to be at the head of this Society. Having served my apprenticeship to some of these advanced methods, in days now long gone by, I am free to confess that the more recent advances have carried the more strictly scientific studies in pathology into regions far beyond my depth. But I have one consolation. If I am too old to teach, or to investigate with success, in these more novel lines of investigation, I am not too old to learn their results from you. In your excellent Vice-President, Dr. Joseph Coats, you have a man admirably qualified by study and capacity, as well as by personal experience, to keep us all from going astray in these untrodden paths. And for myself, though I may fail in these most recondite departments, I may possibly still be allowed to present to you, from time to time, the results of clinical experience, and so to help you to work out your programme of a Clinical, as well as a Pathological Society.

CASE OF MORPHÆA ALBA.*

By JAMES H. STOWERS, M.R.C.S.

EMMA H., aged 21, single, a domestic servant, noticed six months ago a patch of blanched and thickened integument, situated upon the lower third of the anterior aspect of the right upper arm. She thinks that the patch has increased slightly in a downward direction. She suffers no inconvenience from it besides slight aching ; there is no pain. She has not noticed any similar patch elsewhere. Situated upon the anterior aspect of the right upper arm, about one inch above the elbow-joint and immediately over the biceps muscle, there is a patch of whitened integument resembling a large wheal. It measures about two inches and a half from above downwards, by an inch and a half in the widest portion from side to side. It is slightly broader near the centre. The patch is of a yellowish white colour, hard, and having a polished appearance. It involves the whole thickness of the integument, and is surrounded by a slightly erythematous blush, which latter was more marked a few weeks since. Sensation is impaired. The surface is not raised above the surrounding tissue ; but, on passing the finger across it, it feels denser and more resisting than the healthy skin. There is no desquamation upon the surface. The patient has now been one month under notice, and the condition of the patch remains unaltered.

The treatment has consisted in the application of an unirritating lotion (which has, I think, lessened the surrounding erythematous blush), and a tonic mixture taken three times a day.

The previous history is good.

* Read before the Shropshire Scientific Branch.