Royal College of Physicians of London, as to the right of a medical graduate to style himself "physician," and the answer given:

That Dr. of Physic (not Doctor of Medicine) was the highest title a practiser of Physic could have.

It may be, then, that Chaucer implied that his "Doctour of Physik" was a university graduate; although it is difficult to imagine that the typical practitioner in those days would have been a university man. If not a graduate, Chaucer's appellation of "Doctour" may throw light on the origin of the courtesy title of "doctor" given by the public to all medical practitioners.

Another question of interest is, What part did religious persons take in the practice of medicine in the fourteenth century?

It is generally believed that most of the practice of medicine in early times was in the hands of the Church; that monks were the usual medical practitioners, and surgeons also, up to the date of the Council of Tours.

Such practice may have largely ceased in this country by the fourteenth century, for neither in Langland nor in Chaucer is any reference to medical practice by the clergy. All the doctors referred to appear to have been lay persons. Chaucer, speaking of the Doctour of Physik, says,

His studie was but litel on the Bible.

It is true that after the Doctor had told his tale, "oure host" compliments him, and says:

So mote I thee, thou art a propre man,
And y-lik a prelat by St. Runian!

This has been thought by some to imply that the Doctor was in "Orders," and gave more point to the charge of unbiblical studies. It seems to me, however, that it by no means proves that Chaucer's "Doctour" was in "Orders." Both doctors and lawyers who rose to any eminence were often sought after by the Church, and "oure host" may have meant only that the doctor was such a good fellow that the Church would possibly make a bishop of him.

Mr. D'Arcy Power, in his Harveian Lecture of last year, says the physician of this period was usually, but not necessarily, a Churchman, and gives contemporary examples. But all of them were attached to the households of great personages, and were hardly types of practitioners among the people.

It is interesting to note that Chaucer, like Langland, ridicules the examination of the urine.

In applauding the doctor, our host also says,

I pray to God to save thi gentil corps,
And eke thy nrynals.

No doubt there was much quackery mixed up with mediaeval urinary pathology, and at a later age the term "water doctors" was one of opprobrium. In spite of popular contempt the practice had much vitality. It was evidently thriving in Shakespeare's day, for in *Henry IV*, Part 2, Sc. 2, Falstaff says to his page:

Sirrah, you giant, what says the doctor to my water?

To which the page replies:

He said, Sir, that the water itself was good healthy water, but for the party that owed it, he might have more diseases than he knew for.

It is curious to note that in pillorying a quack a urinal was sometimes hung about his neck as a mark of contumely.

In the Records of the City of London at the Guildhall, under the date 1382, appears the case of Roger Clerk of Wandsworth, who was condemned for quackery, and punished as follows:

It was adjudged that the same Roger Clerk should be led through the middle of the City, with trumpets and pipes, he riding on a horse without a saddle, a urinal being hung before him, and another urinal upon his back.

None the less these mediaeval water doctors were not always quacks. There was a germ of science in their practice. As the old alchemists, in spite of their frauds and pretensions, laid the foundation of modern chemistry, so the water doctors may have assisted in paving the way for our later triumphs in renal pathology.

Before concluding, there is one other point of interest, especially to our sisters in the profession, which the records of the past cast some light upon. What do they tell us of the practice of medicine by women in early times?

There can be no doubt that in the past there have been women practitioners of repute, and even surgeons of eminence.

Miss Bateson tells us that there was an Ordinance in 1390 which mentions the practice of surgery by women, and it is there on record that Queen Philippa, wife of Edward III, had in her service a female surgeon, Cecilia of Oxford, a practitioner who derived her origin from no less a place than the academic centre of the kingdom. How did this lady obtain her professional training? Was it under the auspices of the Church?

Women were never greatly favoured by the hierarchy, but possibly, when by the Council of Tours the practice of surgery was forbidden to monks, the prohibition was not so stringently enforced in the case of nuns, and these women practitioners may have been the last surviving instances of the practice of medicine by religious persons in this country.

It is not difficult to understand the exclusion of women from medical and surgical practice, when these professions became vested in guilds and livery companies, such as the Barbers and the Apothecaries. We have plenty of liverymen with us still, but I do not think history records any instance of a liverywoman. After Plantagenet times we hear of no more female practitioners in high places. It is probable that medical practice by women was more or less suppressed, although there is reason to think that it continued to exist long after. There is extant the draft of an Act of Parliament, 9 Henry V., in 1422 (Petyt's MSS., v, 33), in which occurs the following:

The sheriff shall inquire whether any one practises in his county contrary to the regulations; and if any one so practise he shall forfeit £40, and be imprisoned. And any woman, who shall practise physik shall suffer the same penalty.

This Act never had the force of law, but it shows that women endeavoured to practise medicine in the fifteenth century and came under the ban of the law-makers.

Again, in the next century, in the preamble 14-15 Henry VIII, cap. 5, in 1521, we read:

Forasmuch as the science and cunning of Physic and Surgery is exercised by a great multitude of ignorant persons, of whom the greater part have no manner of insight in the same, nor any other kind of learning, so that common artificers, such as smiths, and weavers, and women, boldly take upon them great cures, and things of great difficulty.

These statutes cast a sidelight on the practice of our profession in the fifteenth and sixteenth centuries, and make it probable that Cecilia of Oxford had other successors, but that they steadily declined in social rank, till they were more or less suppressed by man-made legislation.

STAFFORDSHIRE BRANCH.

THE PRINCIPLE OF ANOCI-ASSOCIATION APPLIED TO MEDICAL PRACTICE.

BY

F. M. ROWLAND, M.D., B.A. CANTAB.

AFTER a few introductory remarks the President proceeded:

Although the mental factor in medicine has long been recognized as a valued asset to the successful treatment of disease, it is only of late years that there has been any serious attempt scientifically to marshal its forces and to examine its possibilities as a legitimate adjunct to therapeutics, the field having been left open in the past—as it now, indeed, largely is, and will probably remain for some time yet to come—to the illegitimate blandishments of quackery and the quasi-spiritual enchantments of Christian Science and similar allied systems of unreasoning thought.

It is not my intention to-day to discuss this subject from the point of view of practical hypnotic suggestion as it may be legitimately utilized in the treatment of ailments. Rather do I want to call attention to a point of view in dealing with our patients which hinges on their mental outlook, and to which I believe I am right in saying that but little attention has been paid, at any rate in any scientifically defined way, or other than as that which is recognized as individual personality often exercised almost unconsciously by individual men.

I may, perhaps, better explain my outlook if I take a lesson from surgery, and draw an analogy from Professor

Crile's principle of anoci-association, whereby is meant the exclusion of all noxious or harmful associations or stimuli from the field of operation, one of the primary factors of which involves a careful preparation and education for general anaesthesia in order to familiarize the patient with the procedure, and so, by minimizing the dread and apprehension, lessen the predisposition to shock. Furthermore, by cutting off the field of operation, and protecting the brain from impulses therefrom, by means of local anaesthesia an ideal combination is formed for excluding from the brain the stimuli of the special senses and the stimuli of common sensation. By thus avoiding the influences of emotion from the sight of the theatre, the spoken word of danger, the fear of the anaesthetic, and the influences of trauma at the site of the operation, the energy of the brain cells is conserved and shock reduced to its minimum.

While scarcely wishing to sketch out so practical an application of the principle involved as Crile intended for the surgeon, I think we may glean for our everyday dealing with the treatment of illness some very useful truths from the theory of anoci-association as understood to mean the exclusion of all noxious and harmful associations; and to this end I am desirous of pleading for the more systematic study and consideration of our patients' individual outlook upon life, not so much when in their normal health as when they are lying on a bed of sickness. At such times, I take it, the subconscious mind is more in the ascendant, altered in its sensitiveness, and likely the more easily to become the recipient of suggestions than in health, the mental attitude of a patient being so affected by an illness as to be altogether different from the mental attitude of the same person when in normal health. Those of us who have ever had the misfortune to lay aside the cloak of the physician for the bedgown of the patient, especially if our sufferings have resulted from some general toxæmia, will, I am sure, be in agreement as to the altogether disproportionate degree in which infinitesimal trivialities which would pass unnoticed in normal health become enormously exaggerated, and slight annoyances magnified into states of considerable mental anguish.

It seems to me, therefore, that it is all-important for us, when treating a patient, to make ourselves acquainted as nearly as we possibly can with that patient's view upon life at such a time—not so much the view which he may express in words as that view which I can perhaps best indicate as the resultant of forces operating in his subconscious mind, and it is only by a thorough knowledge and study of our patients, both in health and sickness, that we can hope to attain this end. In this connexion I cannot refrain from a wail of lamentation that our profession shows signs of drifting into new ideas of ethics in relation to our patients which are ousting the old-fashioned, but in this respect I believe really helpful, relationship between doctor and patient which is understood by the mention of the "family physician."

It is only by an experience, not otherwise obtainable than by years of intimate observation of the varying temperaments and idiosyncrasies of our patients, that we can judge even in the smallest degree of the lines of thought they will adopt at any given juncture, and by our knowledge so gained that we shall be enabled to some extent possibly to assist in influencing the course of their disease by the exclusion of all adverse subconscious tendencies, and by the furtherance of beneficial influences operating towards a cure. Although this aspect of the subject has been to a certain extent realized, as evidenced by the free choice of doctor principle in the profession's policy, the rapidly growing opinion among politicians in favour of a State medical service totally ignores the importance with which I consider it should be vested, and one has only to read the Fabian Tract No. 160 to see to what extent even a member of our own profession has lost sight thereof.

Were so infinitely personal a relation as that which, for the patient's psycho-therapeutical welfare, should exist between him and his doctor to become reduced to a system of service by whole-time officials with definitely fixed hours of work it would not conduce to the best results in treatment of acute illness, whatever may be said for its merits on the *preventive* side of medicine, which latter, I think, few would deny is essentially a matter for State

control under a properly constituted department guided by a Minister of Public Health.

It always seems to me foolish in the extreme to attempt to deal with complex human nature as if each individual were a standardized part of some huge machine, a point of view which a State medical service would tend to evolve, thereby entirely losing sight of the personal equation and infinite human diversity in temperament, and consequently I deplore very greatly this increasing tendency of the present day to ignore the operations of the subconscious mind in the treatment of disease.

Picture to yourselves the logical outcome of such a system of State service, if universally adopted as its advocates intend, in the case of a bad pneumonia requiring to be visited morning and night, with an eight-hours day in operation, when it is obvious that it is in the best interests of the patient that the same physician who saw him in the morning should see him again at night, since no written or verbal report—always supposing there would be one, which would be doubtful—could convey to the evening visitant the all-essential though indefinable mental picture which the morning visit gave. It is here that it seems to me that this present tendency towards State interference, which must eventually culminate, if unchecked, in a State medical service, is objectionable and inimical to the best interests of the patient as far as promoting rapidity of cure is concerned, there being much to be said for the former status of the family physician who had attended the whole family for years and knew all the little peculiarities and idiosyncrasies of each member, a knowledge which often rendered him capable of foreseeing the various kinds of response to remedies, and the probable sequence of events, which might be expected to accrue under given conditions in each individual.

I am fully alive to the fact that in promulgating this suggestion that we should cultivate, even more than some of us may already be in the habit of doing, this principle of anoci-association by the avoidance and exclusion of all harmful associations in the everyday treatment of illness, it is difficult if not well-nigh impossible from the very nature of the conditions to lay down any definite line upon which treatment should be conducted. I must content myself, therefore, with merely pointing to some of the more generalized indications upon which we can, each one for himself, formulate a general process of action suited to each case.

If we are careful in our endeavours to obtain some understanding of the patient's mental outlook, trying to get a glimpse of his naturally warped perspective and general view of things, we shall then be able better to appreciate the many little ways in which we may be instrumental in warding off those harmful associations which might otherwise act detrimentally through the operations of his subconscious mind. Be it clearly understood in this connexion that many of the associations may be quite harmless in themselves, only becoming noxious when presented to a patient whose mental outlook is altered by the very fact that he is ill. How often has it not occurred to all of us to have wished that in some given case we had altered our phraseology or left unsaid some spoken word which has been seized upon in quite a different meaning from that which either we intended or in which a condition of health would have received it. It is just this study of the mentality during an illness which makes our experience of previous illnesses in the same patient a valuable asset, and although an intimate association during health may materially assist us in knowing what attitude to adopt, it is during the illnesses themselves that we must elucidate a plan of campaign which will be most on the defensive for our patient against harmful influences and associations.

In our daily visits I feel confident that the cultivation of punctuality will be fraught with a greater outcome of good to the course of an illness than we are apt to credit, and especially in acute and subacute cases do I consider it important, whenever possible, to mention a probable time for the next visit, and, when this is not possible, to let the fact that it is not possible be clearly understood, rather than leave without giving some idea to the patient when he may expect us again. Of course, I am quite aware that in certain circumstances surprise visits are of value, but with that class of case I am not now dealing. It may seem to some of you that this is advocating a counsel

of perfection rendered impossible of attainment by the very nature of our work, with its urgent calls and uncertainty of detention over any given case, but I think it will be found easier of application in the vast majority of instances, if given a fair trial, than many would imagine. Exceptions, I am aware, must of necessity be frequent, but these should not militate against the aim, and though possibly a little more exacting to ourselves, I feel certain that the resulting advantage to the patient will prove a real value in the treatment and course of the illness. Rightly or wrongly, we as a profession have acquired a reputation for unpunctuality, and I well remember the chaffing astonishment with which I was once received by the patient's friends at a night visit because I arrived at the time I had said I should, it being remarked: "Oh, yes, we know you said nine, but then, whoever expected a doctor to be punctual!"

Now it is the common experience of everyone that there is little else more irritating or depressing than to be kept waiting, and again I appeal to the memory of those who have ever been ill how much more irritating it is to be wondering when the doctor is coming than it would be in ordinary health. This cultivation of punctuality is a very potent means of influencing our patients' subconscious mind for good, at the same time avoiding those noxious associations which would inevitably result from unpunctuality.

Again, how frequently do we meet with cases in which we have to weigh in our minds the advisability of an evening visit for the sake of the physical needs, when we are aware that the mere fact of a second visit may act harmfully by making a nervous patient think that we regard his case as more serious than it is. In such cases it is all-important that we should as far as possible be in a position, by understanding the patients' mental outlook, to judge the probable subconscious effect, and so guard against any noxious influence by either eliminating the visit, or else affording some plausible reason calculated to counteract any harmful effect. In this connexion the reverse may obtain in a case where a second visit is not needed merely on account of the physical complaint, but in which our experience tells us that a second visit will be a comfort and not in the least an alarm, and consequently advisable as an assistance by auto-suggestion to the progress of the illness.

Individual cases will afford individual conditions, which only a study of the patient's mental outlook in the present and previous illnesses can anticipate and provide for, and innumerable opportunities for treatment by suggestion, unconscious to the patient, will present themselves which it would be impossible to enumerate or legislate for in any treatise or textbook. The much-derided "good bedside manner" is an undoubted therapeutic asset, for a greater success in the progress of his cases often attends the path of the cheerful optimist than accompanies the ministrations of the dour pessimist.

Hinging on this subject is the difficult decision we are often called upon to make as to how much in diagnosis and prognosis we are justified in telling to any given patient and how much to withhold, and even the very phraseology in which we clothe our statement will be affected by the intimate estimate we have been able to form of his mental outlook.

Consequently all this goes to show, in my opinion, that the attributes of the family physician should be fostered rather than discouraged, as is the tendency to-day, since it is for the patient's good that his doctor should know him intimately both mentally and physically, and over as long a period of his life as circumstances will permit. How often cannot we each one of us recall instances where the fact that we have known patients for many years and attended them through several illnesses has been the greatest possible help in their later conditions; and I contend that in such instances we the better understand our patient's outlook upon his state, and consequently unconsciously to him and ourselves do we affect his subconscious mind for his own good in battling with his trouble.

Of equal therapeutical importance in this direction is the proper selection of suitable attendants, and when possible the choice of friends, and all of us can recall instances where the patient's litany may well have been "Deliver me from my friends," while in certain grades of

life the one idea of condolence and sympathy appears to take the form of an entomeration of gruesome experiences akin to the patient's ailment, or the cheerful greeting, "How ill you are looking!" More than once have I known the mental balance of a borderland case finally and directly upset by some such remark from a well-meaning acquaintance.

Each one of us must realize and be intensely grateful for the sense of relief and assurance afforded by the ministrations of a good nurse in attendance upon our patients—a nurse in whom we know that the patient has as much confidence as we have ourselves; equally, too, we must occasionally have experienced the sense of hopelessness for effective treatment afforded by the presence of a nurse to whom the patient has taken a dislike, or who we know does not possess his confidence. I consider that this aspect of the relation of nurse to patient as it affects the subconscious mental therapeutics is too much neglected by those responsible for the training of nurses, and I would urge upon matrons of nursing institutions the necessity for inculcating as part of the curriculum a definite ethical atmosphere and the need for careful consideration and study of the patient's mental outlook.

When in a serious case we telephone for the services of a nurse we are always anxious to secure one of whom we have had some previous knowledge, and failing this it must be within the experience of all of us how much we regard it as a lottery whether the stranger that may be sent us shall turn out a success.

So throughout the whole process of treatment and care of our patients I think we cannot overestimate the great importance, as a means to successful issue, of studying the mental outlook of those under our care.

Before closing this address, I should like for a few moments to detain your attention upon an entirely different subject, and to ask your consideration of an aspect of eugenics which, while always an absorbing subject of vital interest to the race, has become the more evident of late owing to the serious depletion of our best manhood at the front.

Recent legislation has shown signs that the State is awakening to the necessity of taking some practical steps to prevent a continuance of the altogether disproportionate increase in the number of the unfit as compared with the fit, a fact which cannot but give rise to anxiety when we realize that the only section of the population which prevents the birth-rate going lower, and which increases in proportion to the decline in other parts of the community, is that of the feeble-minded, so that, when to an already declining birth-rate there is superadded a proportional increase in the number of the unfit, the lasting powers of our race become largely a matter for mathematical calculation on a basis of geometrical retrogression.

While I intend just in passing merely to touch upon the question of how to deal with the existing unfit, the feeble-minded, and mentally deficient, my main object is to place before you some views for the betterment of the race by the exploitation of the existing fit, a point which has as yet received but scant notice as a powerful means of counteracting the declining birth-rate and a further continuance of the unfit. I shall not burden you with figures in statistical proof of the accuracy of unquestionable facts, but the problem must be faced, in order, if possible, to find a remedy, without violation of the Christian and utilitarian principles which underlie our whole social being.

It would appear that in such measures as the Mental Deficiency Act, etc., the State is fully alive to the need for the proper care of those unfortunates, but it does not seem to me that it is yet sufficiently alive to the need for adequate measures which will entirely prevent the possibility of procreation and the continuance of their stigmata among such members of the community as happen to be their offspring.

For those whose future is hopeless, in so far as they are ever likely to be able to take care of themselves, or to enter into ordinary relations with the world, complete segregation under care and supervision is obviously necessary; but for those whose disability is partial, and who in a limited sense might be allowed to control their own affairs and take up the duties of life in mixing with their fellow-beings, it appears to me that the costly process of segregation is unnecessary, nor is curtailment of their liberty

justifiable, as in many instances of this kind it would be cruel to curtail their liberty or to deny them the happiness and companionship of home life; but it is of paramount importance that some provision be insisted upon whereby the procreation of their kind is rendered impossible. Obviously any system of domiciliary inspection, boarding out, etc., would be totally inadequate for such a purpose; but the end in view could be best and fully accomplished by the production of sterility, either by operative procedure or the influence of *x* rays, and a moment's consideration will emphasize the humanity of such a procedure for such individuals when compared with the alternative necessity of compulsory segregation or of permitting the birth of children whose only heritage is degeneracy, and who in turn would continue the series.

Coming now to my main theme—the exploitation of the existing fit—I have an indictment against our great departments of State, in that they do not appear to realize that before they should be concerned with their own individual specialities in naval, military, colonial, and home affairs, their departmental importance is an entirely secondary consideration to the primary importance of the State, and that their first solicitude should be for the welfare of the State as a whole, and not, as at present, for their individual departments.

It will be generally conceded that these departments of State are officered and manned by Englishmen who have been selected for their superlative mental and physical efficiency, and yet so far from any attempt being made by these departments to facilitate such men—the pick of the race—procreating their kind, matrimony is officially only half-heartedly recognized, and inwardly regarded as a nuisance, with a consequence that the families in this class are notoriously small.

Without interfering in the least with their efficiency as fighting units, without militating in the slightest against discipline, I contend that more consideration could be shown by the Admiralty and War Office to married officers and men in times of peace, whereby more shore leave could be granted, and whereby they would not be so liable as at present to be arbitrarily moved from station to station without any adequate compensation, and on all too short notice. Had such departments the good of the State primarily at heart, there would be less grumbling in the services, less shortage of officers, and the birth-rate would have at least a better chance than at present of being augmented by the fit, while, putting the matter on its lowest footing, an increased expenditure in grants to married officers and men, to assist them in meeting the expenses of their families, would pay the country in the long run. The renting of houses where quarters are not provided being a serious drain on private resources, one would expect some sympathetic departmental solicitude, instead of the studied official indifference meted out to those who are anxious to obtain some idea upon which to base length of tenancies, etc.

Among soldiers a proportion of only 5 per cent. obtain leave to marry “on the strength,” and the frequency with which, under the Local Government Board, boards of guardians, town councils, etc., notices of vacancies for joint married appointments openly state that preference will be given to those “without children,” not only shows how utterly such departments fail to recognize their greatest responsibilities as being primarily in the interests of the community and for the amelioration of the State in the future, but also reveals the immorality of an attitude which places, as it inevitably must, a premium upon practices deserving the severest condemnation. I could quote you instance upon instance of this short-sighted attitude emanating from the Admiralty, War Office, Colonial Office, etc., but I will only mention one example typical of the whole position which occurred to my own knowledge in the case of a Local Government Board official, a man of splendid physique and moral character, and eminently desirable as a racial asset, who was informed when his third child was born that he would be dismissed if a fourth arrived, the threat being eventually carried out solely for that reason. Here, then, is an instance of a policy which, alas! permeates our great departments, and which, in my opinion, cannot be too forcibly condemned, no words being too strong for so criminal an attitude—criminal, because operating towards racial death.

I am fully alive to the fact that we cannot ensure perfect stock as long as no health restrictions are enforced upon two persons who get married, but as such restrictions are for the present, at least, out of the question, and can only come from a right sense of duty being developed in each individual, we can at least utilize the best material we possess to its best advantage, instead of, as we now do, discouraging the best, while permitting the degenerates unrestrictedly to do their worst.

The rebate on certain incomes allowed for children is a sign that the State is beginning to have a glimmering of its responsibilities in this direction, but there are hosts of other ways in which assistance could be given to those who are doing their best to improve the race, and I will instance only one of many directions in which the principle could be still further advantageously fostered. Surely it is a strange anomaly that the State does not in any way recognize the very different responsibilities of individuals, and claims from the man with a large family to bring up the same tax upon income as is exacted from the bachelor or married man without children, and here is a direction in which the financial burden could be eased for the former, thus directly affecting efficiency in the upbringing of offspring. Obviously a man, whose income is, say, £1,000 a year, with a wife and several children dependent upon him has greater responsibilities and is not so well off financially as a bachelor with the same income, so that the children should be taken into account far more than is done by the present rebate, which, by its very meagreness, is as much an insult as a benefit. It has been suggested, and it appears to me a sound proposition, that families should be classified for taxation purposes so that the man and his wife should count as one, and any two children should count as one adult for purposes of assessment. By this means a man with a wife and six children and an income of £800 a year, instead of paying as now full tax on the £800, would be assessed as four incomes of £200 apiece, which would entitle him to the very substantial rebate on the four smaller incomes.

I am fully aware that the whole of this suggestion is open to the objection that there is no guarantee that the fittest and best of the race will be the people having the large families, but that probably it will be the reverse; but here comes in my original plea that more encouragement should be given to those who are believed to be the fittest, as far as mental and physical examinations can determine, to procreate their kind, and I have but enumerated one or two of the hosts of ways by which such encouragement could come about and the future of the State as a State be benefited.

AN interesting report on the work done at the Coolgardie Sanatorium in Western Australia by Dr. Henry A. Ellis, now acting as Tuberculosis Officer at Middlesbrough, contains some suggestive points which, if not altogether new, have, at any rate, been very fully investigated. The use of nitrites for the lowering of blood pressure, especially in haemorrhagic cases, the very free administration of calcium chloride, and the local application of iodine spray, have all been advocated in their turn, but few observers have pushed them to the same extent or claimed to have obtained such good results. A great believer in the value of von Pirquet's method, he believes that he has been able to gauge with some degree of accuracy the extent of lesions from the relative dilution needed to produce reaction, and suggests that the test should be applied to all persons aspiring to enter the public services. He points out, with truth, that a tuberculous person may not suffer from his tubercle if his general health be maintained. Any accession of disease may start the activity of the tubercle and the foreknowledge of its presence should enable the individual to guard against risks of infection by any other ailment which might rouse the tubercle to action. The von Pirquet reaction, except in the case of children, has gradually fallen into disregard in this country, owing to the large proportion of contradictory results obtained by various observers. The diagnostic importance of injections of tuberculin has proportionally gained in general estimation. It is to be feared that reaction to diagnostic injection would be too freely interpreted as indicating consumption in the present state of public knowledge or ignorance, and however useful it might be to the future health of the individual, it would not be likely to improve his present prospects.