General Medical Council is a body set up by the State, with strictly limited powers, specifically directed to safeguarding the public from the evil doings of the profession. It is most desirable that the profession should waste no time in trying to convert the General Medical Council into a body through which it can hope to secure its professional aim. It is merely our Scotland Yard, and not a very efficient police department at that, for it has no powers to take anybody into custody unless he has already been convicted by some other authority, and can deal with no unconvicted delinquent unless he is haled before the judgement seat by an amateur policeman. For our particular purpose it is quite useless.

What, then, can be said for our Royal Colleges of Physicians and Surgeons? Surely they who grant us our diplomas will be useful bodies to assist us to gain our proper aim. The government of these institutions is for the most part in the hands of a small select body who have strenuously resisted all attempts to admit to their counsels representatives elected from the general body of their licentiates. Like other privileged bodies, they are no doubt convinced that their action in this matter is in the best interests of all concerned. They are satisfied that they know better than the unprivileged member of the profession what is good for him, and feel certain that the presence of representatives of any less exalted class of practitioner would do harm to the dignity of the profession. But this attitude renders them unfit bodies to deal with the organization and development of the profession as a whole, whilst their uncompromising resistance to any extension of their franchise has led to a feeling of injustice amongst the body of general practitioners which has been very detrimental to professional unity.

Whether on account of their want of sympathetic co-operation with the bulk of their diplomates, or because there are separate Colleges jealous of each other's privileges and powers in each division of the kingdom, these ancient and in many respects useful bodies are not fitted for the duty of promoting our united professional aim. They have done great service in the cause of medical education in the past, and, although a great deal of their present work is destined to be taken from them by the numerous universities springing up in our great cities, most people recognize that there remains for them a very useful future as the constituents of the State Examining Board which will no doubt before long be established as the single gate of entrance through which all practitioners will be required to pass in order to secure a legal qualification.

Apart from this truly public work, the Royal Colleges of Physicians and Surgeons in the various divisions of the United Kingdom should, so long as their present methods of government prevail, regard themselves as colleges of consulting surgeons and consulting physicians, and as representative of these limited classes of the profession, just as the Societies of Medical Officers of Health and of Poor Law Medical Officers represent special classes of workers in other spheres. It should be the recognized duty of the Colleges to look after the welfare of these small classes, and to protect such of their interests as are not antagonistic to the welfare of the general public. This salutary object cannot be achieved by resisting the development of, and holding aloof from, bodies representative of the profession as a whole, but by each sectional body encouraging those whom they represent to take a full share in the work and organization of the wider institutions.

What are the essential features of the organization through which the aspirations of a united profession may have a reasonable chance of being realized?

In the first place, it must be an entirely voluntary organization. The idea that one could by the aid of Parliament set up an association coterminous with the entire profession, through which the aim of the profession could be voiced or carried into effect, is, in my opinion, quite illusory. On the one hand no Parliament would confer on such an organization the necessary powers, and on the other there would certainly be lacking in the members of such a State-established body the feelings of *esprit de corps* and pride of service which are essential if anything more than obedience to the strong hand of the law is to be achieved.

The organization must recognize that its very existence depends on its making an effective appeal to the patriotism which is a common feature of all professions and on its

not putting too great a strain on the loyalty of its individual members. It must have an entirely democratic constitution. In these days of universal liberty it is useless to expect the members of any profession to submit to the control of an authority in the selection of which they have no voice. But, far more important than this, it is impossible to secure the intelligent interest of a member in questions of professional policy and action unless he is given an equal opportunity with his colleagues of framing such policy and dictating such action. Granted these primary features of voluntarism and a democratic constitution, without which success is impossible, the actual measure of success will depend on details of organization. The more perfect the mechanism for discovering the real wishes of the members and the closer the touch between the executive and the electorate, the greater will be the loyalty and discipline of the members upon which in a last resort all progress will depend.

Progress to be real must be gradual, but it must be constant. In all communities there are two parties—those who want to go too fast and those who do not want to go fast enough. The united policy is the mean of these two forces. Exactly in so far as the organization which we are seeking manages to steer a median course, not frightening from its ranks members of one party by excessive action nor disgusting members of the other party by doing nothing, it may be regarded as representing the united profession.

Moving forward and gaining ground each day, our organization must have a well-equipped ambulance department. In the profession's stern fight with disease and ignorance there must be many casualties amongst its members. The ranks must be closed, but due provision must be made for those who fall out. No organization can be successful which, in the keen pursuit of a common aim, neglects the call of humanity on behalf of its individual workers.

Looking round for an organization constituted on these lines, I have thought I have found it in the British Medical Association.

To say that there are defects in the constitution of this Association is only to admit that it is and must be managed by human beings. But it complies with the two essentials of being a voluntary organization, and being worked on a democratic basis. Every member of the profession who thinks he can make it better has an equal opportunity with every one of his colleagues of securing attention to his views. The Association is no respecter of persons. No academic distinctions, no privileges of wealth or aristocracy, receive consideration. The Association welcomes to its service all those who are willing to help it to secure the truly beneficent aim of a united medical profession.

But my appeal to-day is not on behalf the British Medical Association; I am appealing to you to support professional union. Assured that the aim of the profession is an absolutely unselfish one, I desire to see its members cast from them, as a guide to conduct in their mutual relations, the miserable doctrines of the struggle for existence and the survival of the fittest, and, working shoulder to shoulder, build firm the foundation of a great professional brotherhood.

YORKSHIRE BRANCH.

PRINCIPLES OF PRACTICE IN RELATION TO OUR PATIENTS.

By R. J. PYE-SMITH, CH M., F.R.C.S.

[AFTER some introductory remarks relative to the history of the Branch and to the aims and objects of the Association and of the medical profession, the President said:]

The relations between doctor and patient differ somewhat in private practice and in hospital, club, and Poor Law practice; but in all cases the essential relationship must exist of willing mutual acceptance of each other as doctor and patient. This relationship gives the patient, on the one hand, a right to the doctor's best services, in such reasonable measure and manner as is good for the patient without being detrimental to the doctor or to the public; whilst, on the other hand, it gives the doctor a right to the confidence, respect, and reasonable obedience of the patient, as well as to the hire of which every labourer is

worthy. Time, thought, and skill must always be at the service of the patient, whilst sympathy and a generous consideration of his needs will often involve the acceptance of such other duties as relieving anxiety, or procuring nursing, change of air, consultations, expert assistance, or other means for the restoration of health, or for preventing an illness, a confinement, an accident, or an operation from bringing more risk, pain, and anxiety than are inevitable.

To fulfil wisely such complex duties involves, of course, much consideration and some experience, and at times we owe it to our patients to withhold information and opinions they may ask for, quite as much as at other times to furnish them.

ETIOLOGY.

Thus in the matter of etiology, it is not, I think, generally wise to be too explicit as to the part played in the causation of the patient's ailment by heredity, by former habits, or by the approach of old age. It is doubtless well that people should want to get at the causes of things. How difficult it is to do so is perhaps paralleled only by the ease with which a false cause so often seems to satisfy the inquiring patient. He cannot understand that there can be much difficulty in ascertaining the cause of cancer, but he is usually quite satisfied with the assigning of "weakness," or being "highly strung," as the efficient cause for any symptoms from which his wife or child may be suffering, or with attributing any breakdown on his own part to his being "sadly in need of a holiday."

There is, however, an aspect of etiology in which it behoves us to be as exact and explicit as possible, not only in our own minds, but also in the opinions we give to patients or claimants, or to those rightfully interested in their condition and prospects. I refer to such cases as we have to deal with under the Workmen's Compensation Act. Here, in spite of the tendency of recent legal decisions to minimize the distinction between disease and accident, it is still of serious importance that we should distinguish between the natural results of a definite injury—whether in the way of trauma or of disease—and conditions that cannot be reasonably attributed to it. The conditions present must be carefully investigated and analysed in order to assign the whole or each part to the injury inflicted by an alleged accident or to other causes, previous or subsequent to the accident, such as disease (independent of, consequent upon, aggravated by, or aggravating the trauma), lack of exercise or of effort (voluntary or enforced) pain (incapacitating or negligible), self-deception or hysteria, malingering and fraud.

DIAGNOSIS.

Patients always look for a diagnosis of some sort on the doctor's part, and not without reason. Whether we can ascertain the cause of the symptoms presented by the case or not, and whether or not we may think it right to tell the patient anything of what we know in that direction, we cannot, as a rule, expect to retain his confidence nor to secure his intelligent co-operation without telling him something reasonably definite as to the conditions we find. It is, however, so easy to be misunderstood that it is well, in the interests of all concerned, to enter into as little technical detail as possible. Medical words are sometimes absurdly mistaken. A diabetic patient in hospital, being asked by a visitor if he was taking his food well, replied, "Oh, yes; I have a tremendous appetite, and the doctors have ordered me glutton bread." At a first interview and in the early stages of disease it is, of course, often impossible to make a full diagnosis, and it is generally wise not to go far beyond what is immediately ascertainable. "Such and such symptoms," we may say, "are present, and the picture is like that of such and such a well-known condition or disease, but some characteristic features are at present wanting, and certain further investigations will be required before sufficient facts are available for the formation of a complete diagnosis." Such an attitude is in many cases eminently reasonable, and will generally be appreciated by a sensible patient. How often one may fancy one recognizes an acquaintance in the distance, but it is not till a nearer approach that there is good ground for feeling sure whether it is really he or not. A work of art may require more than one examination before its genuineness or identity can be established. So it is with our powers of recognizing other objects, including the features of disease. A doctor can have little self-respect who gives

at once and on the scantiest data such a diagnosis as "threatened" pneumonia or typhoid, and then accepts credit for having averted the dreaded disease by a bottle of medicine!

On the other hand, there are cases of the most anxious character—of which suspected appendicitis, or cancer, are prominent and constantly recurring examples—in which it is essential that a definite diagnosis should be reached at the earliest possible moment. Here it becomes the imperative duty of the medical attendant either to give a definite diagnosis, on which he must stake not only his own reputation but also the welfare, and often the life, of his patient, or else to ask for a consultation. Such cases illustrate the rule that it is the special duty of the doctor in attendance to be early in diagnosis, at least to the point of recognizing a grave suspicion of some such lesion as may need early and expert treatment, whilst the special duty of the physician or surgeon called into consultation is to be exact in his diagnosis, at least to the point of deciding on, and helping to carry out, the most appropriate treatment.

There is, of course, an art in expressing a diagnosis in which few of us attain perfection. On one occasion a little old lady was sent to me for an ailment which involved a somewhat detailed examination, after making which I had told her what I thought and advised. As she reached the door to leave my room she hesitatingly turned back and asked, in the most naive tone, "I suppose, sir, you haven't any idea what is the matter with me?"

TREATMENT.

If our patients are justified in expecting from us a diagnosis, still more have they a right to receive appropriate treatment at our hands. It is our obvious duty to advise them as to diet, rest, nursing, exercise, fresh air, and all other personal hygienic measures, quite as much as with regard to medicines or operations. How truly valuable to a patient is this multifarious and detailed advice on questions of healthy and unhealthy living; how large a part it must play in his recovery and well-being; but how much its efficacy depends on the general equipment and personal character of the adviser!

As the efficiency of treatment not infrequently depends largely on its promptitude, it is surely important not only that the surgeon and the obstetrician should have his bag in constant readiness, but also that all practitioners should adopt some method by which, when on their daily rounds, they may be found as quickly as possible in case of emergency. I have been surprised how often one finds that a doctor is said to be out, but no information can be obtained as to his whereabouts and but little as to the time of his expected return.

In certain cases the interests of the patient call for our declining to treat him. This may be so where he persistently or grossly disregards our advice, but I refer more especially to cases in which we know we could not do such justice to the case as could be easily done by some colleague. Hence arises the duty, which attaches to the consultant and the expert in any special branch, just as much as to the general practitioner, to refer such cases to those whose special line of practice enables them to render the most efficient help in the particular case, or to call such an one into consultation.

PROPHYLAXIS.

The subject of treatment includes prophylaxis, and it is a natural duty at the end of an attendance to give the patient some special or general rules with the object of guarding him against sequelae or recurrence. But it does not seem fair to the practitioner that he should be expected to give detailed advice as to the prevention of the spread of disease to other members of the household without due remuneration.

Though our ardour in preventive medicine proves our readiness, as a profession, to put our own interests after those of our patients and the public, it is happily the case that in most of our mutual relations there is a very real community of interests. Thus it is as much to the interest of the patient as of the doctor that the latter should receive such remuneration as will enable him to devote sufficient time to his cases, to obtain the best books and instruments, and to be free from the abstractions of impecuniosity. On the other hand, it is as much to the interest of the doctor as of the patient that the latter should

expect from him as much time, attention, and consideration as will best conduce to his recovery, since it is by such means and results that a doctor's reputation is increased and his practice extended. Or, again, it is equally to the advantage of the public and the profession that the public should be protected from ignorant pretenders and the profession purged of disgraceful members.

PROGNOSIS.

Prognosis is one of the most difficult, but also most highly valued, acquirements of the physician or surgeon, especially in private practice and among well-educated people. Anxiety is a human attribute, and is apt to increase with the development of our nervous organization.

We look before and after,
And pine for what is not.

Many a man attaches great value to an expert's prognostication as to events of momentous interest to him in his family relations. But in this matter we are under no obligation, legal or moral, to tell "the whole truth." Our prognosis is not of the nature of a witnessing to facts, but is an opinion which we are as much bound to keep to ourselves—in some cases and in some stages of illness—as, in others, we are bound to let our patients or their friends have the advantage of its expression.

In favourable cases the communication of a good prognosis is helpful to all. In bad cases, also, it is sometimes a real kindness to lift for the friends the veil that hides our forebodings. But the patient whose life is in grave danger generally knows it sooner than others are apt to think, and it can rarely fall properly to the lot of the medical attendant, even in answer to a direct question, to point out to his patient the approaching shadow of death.

Hope is man's sheet-anchor in times of uncertainty and dread. To cut its cable is to remove the chief incentive to effort, and the only barrier against despair. Hope is the master-key that can open the door of the darkest dungeon. It is the opsonic index for all "the ills that flesh is heir to," and to raise it and keep it high is ever one of the most valuable functions of the medical attendant. If the dictum *de mortuis nil nisi bonum* be a proper one to act on, still more is it a rule with regard to the sick *de futuro nil nisi bonum dicere*. Happily, in all branches of our work, a correct diagnosis is much more frequently favourable than the reverse.

But, whilst we must be wary of so speaking or acting as to lessen a patient's hope, it is often to his interest to be told something as to the probable length of time his case may occupy, or to be warned of possible unavoidable results. Without alarming him with regard to the dangers of any proposed operation, it is unfair, I think, except sometimes in urgent emergencies, not to tell him that, of course, there is a certain degree of risk about this as about every operation, however small; but we may add that no one can avoid all risks—we all run risks every hour of every day, and we must be content to take the right course; moreover, we can usually assure him that the course proposed is attended with less risks and drawbacks on the whole than any other.

PROFESSIONAL SECRECY.

We are often asked for information about a patient, and particularly as to prognosis, by persons outside his immediate and confidential family circle, persons who may take an interest in his case from motives of friendship, of pecuniary responsibility, or of mere curiosity. I need hardly say that no such persons have any claim to our opinion, or that, without the patient's consent, we have no right whatever to give it. Many an action for damages would be avoided if doctors always remembered that they may never disclose professional confidences, except when, in the interests of justice, required to do so either by a court of law or in the prevention or detection of crime.

In all these professional relationships our guiding principle should be the consideration of the true interests of the patient, but with due regard also to the just claims and interests of his family, of his medical and other attendants, of his doctor's other patients, and of society.

CHOICE OF MEDICAL ATTENDANTS AND CONSULTANTS.

That in private practice patients should exercise the right of choosing their medical attendant none, perhaps,

would question, though we must remember that the choice is of the nature of an invitation which, for good and sufficient reasons, we are at liberty to decline. This freedom of choice, however, appears to be threatened by the recent movement in the Association for the recognition of a special class of consultants and for the prescribing by the Association of regulations for the conduct of the practice of such a class. The result of such proposed regulations, debarring that class from all practice other than that introduced by a general practitioner, would be, almost inevitably, to deprive the patient and his friends of any real voice in the selection of a second opinion.

A consultation may be desired with either of two somewhat different objects in view. One object is that of discussing the case generally, a true consultation, or conference, at which two doctors meet on equal terms to investigate and talk over the case in reference to any points of difficulty or doubt, most usually with regard to diagnosis and treatment. The other object, more limited and definite, is that of obtaining expert assistance in the case. In the former kind of case, especially in country districts, it appears to me undesirable that the scope for the choice of a consultant should be limited by ruling out the neighbouring general practitioners, many of whom might have all the qualifications for the object in view. Yet, since it is proposed that the "recognized" class of consultants are never to be allowed to see a patient except when called upon to do so by a general practitioner, it would be hard indeed if, when a consultation was required, they were passed over. In the other kind of case the choice of a consultant is, by the nature of the requirements, restricted to those who are experts in the special department concerned, and skilled in the use of methods and instruments of diagnosis and of treatment, whether medical, surgical, or pathological. And here it must be vastly more important (at all events to the patient) that the consultant should be competent and trustworthy than that he should be the possessor of a badge of class "recognition."

Whatever may be the main object in view, the consultation may be asked for either by the doctor in attendance or by the patient and his friends. If the suggestion be made by the doctor, he no doubt should have the main say in deciding on the consultant, and it is one of his duties to know to whom to turn for help in the various needs that may at any moment arise in his practice. If his choice should fail to satisfy his patient, he has his remedy in deciding to do without a consultation. But when, on the other hand, it is the patient and his friends who suggest the consultation, it is surely not unreasonable that they should be allowed some voice in the decision as to who should be called in. The consultation is for their satisfaction, and satisfaction in such a case is often a matter of personal confidence. Should the doctor be dissatisfied with their choice and unable to alter it, he has his remedy in retiring from the case. But if it were known that no approach to the consultant could be made except through the general practitioner in attendance, it is obvious that the medical attendant would be in a position to coerce his patient in the matter of selection.

It has been said that on this question we should take a lesson from the legal profession. But the two professions are essentially different, both in subject and in methods. Our work is apt to be hampered rather than helped by authority and precedent, and it flourishes best when free from the influence of obsolete theories and from restrictions on the acquisition of experience. To protect or to curtail, by the red tape of interprofessional etiquette, the sphere of practice of any group of registered medical practitioners would constitute a precedent dangerous to the rights of all the rest.

Again, would not an absolute rule preventing the consultant from receiving any patients except from his colleagues in general practice put him at the mercy of the general practitioner, and drive him either to cut himself off to a large extent from social intercourse with them, or to lay himself open to the charge of toutting for patients? For the code which regards it as generally improper for a doctor to call on or entertain neighbours who are not his patients (*qui facit per alium facit per se*), lest he should attract them to his practice, would regard it as equally unsuitable for a "recognized" consultant to show

like hospitality to any colleagues in general practice, unless they were his habitual supporters. In fact, what is now a delicate position, which must be left to the good taste and generous motives of those concerned, would be in danger of becoming the source either of scandal or of enforced unsociability. It is one thing for a man with a large consulting practice to make restrictive rules for himself, and I think there are cases where both he and the public may gain thereby; it would be quite another thing for this Association to introduce such arrangements for the convenience of the practitioner rather than for that of the public, who, indeed, could hardly be expected to tolerate them.

But, after all, what most nearly concerns alike the public and the profession is that consultants, as a class and individually, should possess such real fitness as to be fairly entitled to assume that position with the greatest attainable advantage to all concerned. Distinctions we must have in every walk of life, but, to be valuable, they should be the distinctions of endowment, of training, of opportunity, of experience, not such as may be arbitrarily manufactured by the mere "recognition" of an artificial and self-formed group, especially if the "recognition" is to be in the hands, not of a legally constituted medical authority, but of a voluntary Association like ours.

Whatever views we may hold with regard to this and other controversial subjects now agitating the Association, it must, I fear, be admitted on all sides that there are signs of grave dangers confronting us, as a result of the proposed alterations in the Memorandum and Articles of Association. Let us face these dangers fairly, and remember that even if this Association, after a successful career of over three score years and ten, should be threatened with disaster, the fate of the medical profession is not involved in that of any organization, however great or good. As long as we are faithful to the true objects of our profession, jealous of the purity of its motives, steadily progressive in its practice, and loyal to its honourable traditions, we may be confident that it will continue to command the devotion of its members, and to be of ever-increasing value to society.

SOUTH-EASTERN BRANCH.

FIFTY YEARS OF MEDICAL AND SURGICAL PROGRESS AND THE PART PLAYED IN IT BY EXPERIMENTAL RESEARCH.

By C. H. ALLFREY, M.D., M.R.C.P., F.R.C.S., D.P.H.,
Consulting Physician to the East Sussex Hospital, Hastings;
and Consulting Physician to the Chislehurst and
Cray Valley Hospital.

It is forty-seven years since I became a member of the Association, joining this Branch when I commenced practice in Kent. That was nearly half a century ago, and it is three years more than the half-century since I commenced the study of medicine in 1857.

This carries the memory back to the dark ages, as it were, of medicine and surgery. Since that time there has been remarkable progress in both, though, of course, it has been more striking and self-evident in surgery.

It would be difficult, I think, for a twentieth century student to realize the state of surgery in the nineteenth.

The recent introduction of chloroform by Sir James Simpson had no doubt done much to minimize the horrors of an operation and to reduce the anguish, bodily and mental, of the patient and, I may say, of the surgeon as well. Of course, also, the surgeon had no longer to operate against time. But even then, I fancy, that if a capital operation, as performed in those days, could be reproduced, say cinematographically, it would appear to the modern student to be, with all its rough and ready methods, something very nearly akin to butchery. The modern student would hardly realize that it was the fashion for house-surgeons and dressers to carry their needles, sutures and ligatures stuck into and threaded into the front of their coats, the same coats that they wore in the wards and in the *post-mortem* room. That was the smart thing to do.

It would hardly be an exaggeration to say that it was the exception rather than otherwise for the subject of a

capital operation to get well; and then it was generally after a tedious convalescence, during which he ran the gauntlet of the risks of the too frequent complications, such as secondary haemorrhage, erysipelas, hospital gangrene, and pyaemia, which attended the then normal processes of granulation and suppuration, with the copious effusion of what we used to call "laudable" pus. Now all this is changed. It is the exception when a patient dies, and a clean case now runs a rapid and uncomplicated course to recovery, the wound healing by first intention; more than that, the surgeon now ventures with impunity into regions that he would formerly have approached at his peril. All this we owe to the brilliant researches of Pasteur, and to the genius and keen insight of Lister, who recognized their import, continued the experiments, and applied the principles deduced therefrom for the benefit of humanity.

The progress in the case of medicine may not be so striking and self-evident as in that of surgery; but, especially if we include the important department of preventive medicine, it is probable that at least as many lives have been saved by it to the community, whilst the conditions of life have been improved and the term of natural life has been lengthened by it.

Medicine had, it is true, made a great step at the time of which I am speaking, in that indiscriminate blood-letting and depletion had been given up, though there was danger for a time that it would fall into the opposite error of over-stimulation. Our knowledge had also recently been much extended by Bright's recognition of albuminuria as connected with disease of the kidneys, followed by the discovery of its grave import from a prognostic point of view. Addison had also pointed out the coincidence of bronzing of the skin with disease of the suprarenal capsules. But even then medicine was at the best but a rudimentary and empirical art, and the equipment of the physician was very inferior to what it is now.

We had the stethoscope, but we had no clinical thermometer. The ophthalmic surgeon had the ophthalmoscope, but the physician had not conceived the possibility of its use for the diagnosis of conditions within the cranium.

We had, of course, the microscope, of which much use was made, but we had (or at all events used) no higher power than a quarter; we had no immersion lenses, nor any of the modern methods of hardening specimens, making sections, and staining them. We had no laryngoscope, nor any of the various forms of endoscope now in use; and of course we had no x rays and no radium. Electricity was not in general use, and never employed as an aid to diagnosis—for the recognition, for instance, of the reaction of degeneration.

The vaginal speculum had been introduced into practice by Dr. Henry Bennett, but it was thought to be almost improper to use it, and at that time gynaecology had not been established as a distinct department of medicine.

I am not sure, however, that, much as medicine has benefited by all these methods and instruments of precision, the physician may not have lost something. I am not sure that the modern physician, if he will forgive me for saying so, possesses that rapid, intuitive insight into the meaning of symptoms, and that refined sense of touch (*tactus eruditus*) that his predecessors had, and which they acquired by the necessity of depending upon their own faculties without adventitious aids. For there were, without doubt, "giants in those days."

Our knowledge of medicine is, indeed, very different to what it was fifty years ago. Take, for instance, our knowledge of nervous diseases and the methods employed in their diagnosis—an entirely new field has been opened out. Beyond the recognition of some of the grosser lesions which gave rise to symptoms that we roughly diagnosed as hemiplegia or paraplegia, for instance, and some palpable lesions affecting special nerves, we knew next to nothing about nervous diseases, and our treatment was crude, empirical, and often no doubt erroneous. We recognized, of course, general inflammatory conditions of the brain and spinal cord and their membranes, and, of course, we were familiar with epilepsy as a convulsive disease attended by unconsciousness, but we did not even make a guess at the seat of the mischief in the brain, and by the way, we knew nothing of the use of the bromides in controlling and alleviating the convulsions of epilepsy.

We were taught that the action of potassium bromide