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Contributors

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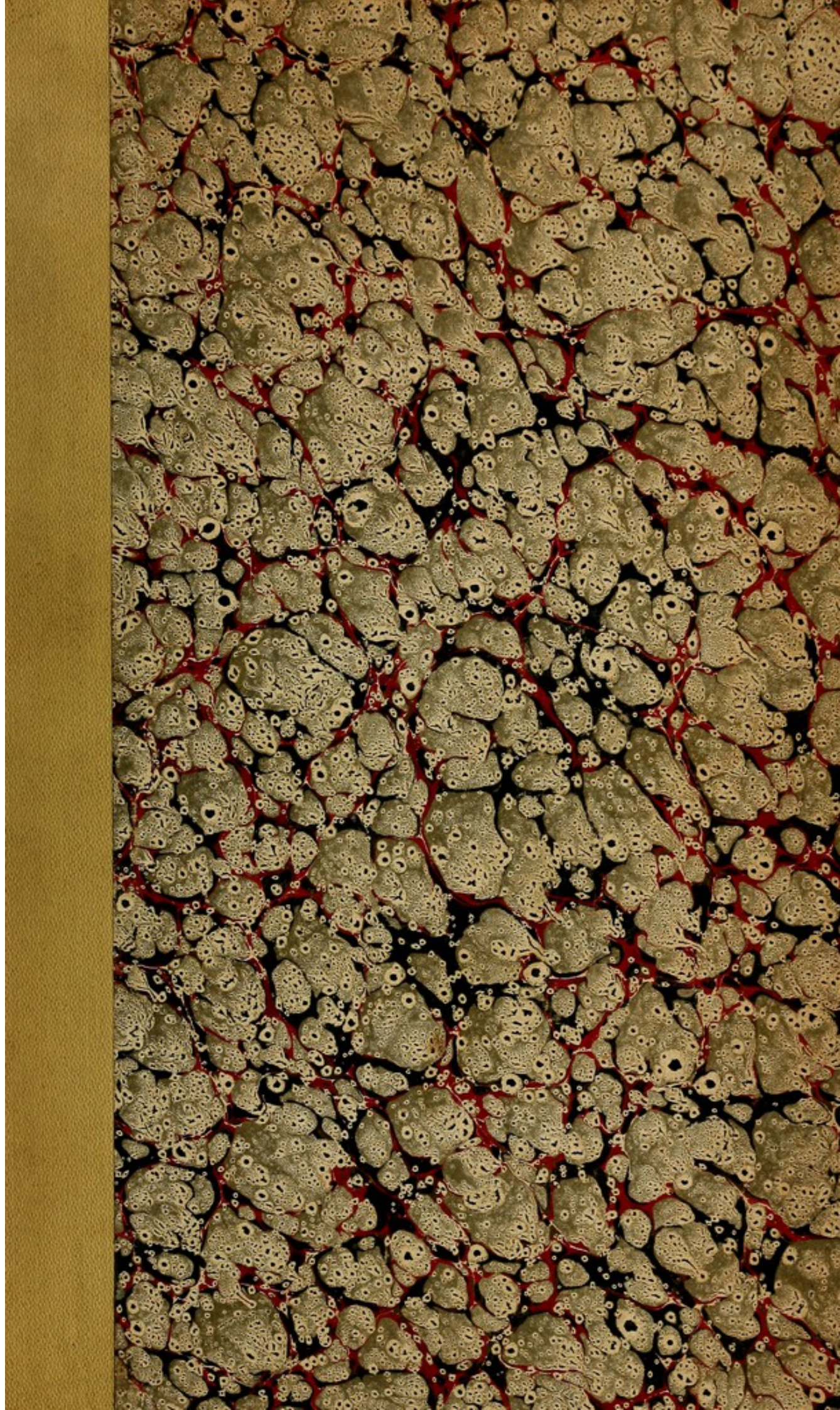
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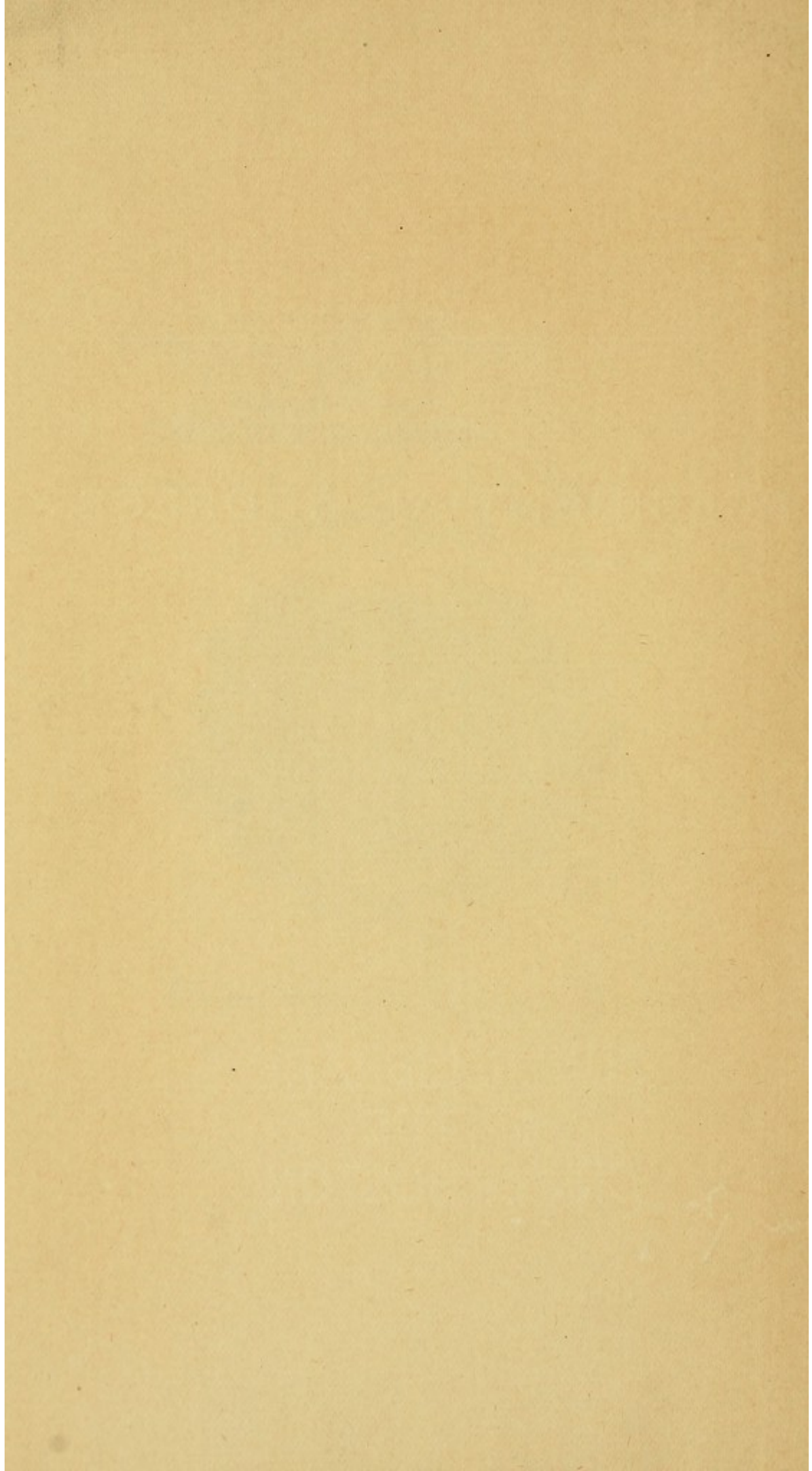


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PRESIDENTIAL ADDRESS.

Delivered before the American Institute of Homœopathy.

BY

JOHN PRESTON SUTHERLAND, M.D.

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PRESIDENTIAL ADDRESS.

BY

JOHN PRESTON SUTHERLAND, M.D.

(Delivered before the American Institute of Homœopathy.)

Members of the American Institute of Homœopathy, Ladies and Gentlemen :

The annual assembling of the members of the American Institute may fitly be called the "Old Home Week" of homœopathy in America. The Sixtieth Birthday of the Institute's honorable and fruitful life, which we now are assembled to celebrate, assuredly gives her the title of Mother of homœopathic organized life on our side of the sea. To return to her hearthstone, that of the oldest national medical organization in America, may well be reckoned, for the loyal homœopathist, a professional home-coming. That excellent and now so widely prevailing custom of observing "Old Home Week," our country over, is productive of a doubly good result. To those returning to the family hearth it means a renewal of family ties; it means a renewing of the ideals of youth; it means the wholesome realization that one is a part of a whole, and not an isolated and selfish unit. On the other hand, it means to the old home itself the inrush of the larger world beyond its own borders. It means learning at first hand of the marvels of the year's progress, adjusting old ideas to new revelations of fact. And these things are precisely what our annual assembling as children of the venerable American Institute of Homœopathy ought to mean to the Institute and to ourselves. It ought to renew old friendships and associations. It ought to keep green the memories of those, our predecessors and exemplars, who here on earth will meet with us no more. It ought to renew our early ideals of broad and useful living along the lines of our mutual and beloved work. And to the Institute itself our home-coming ought to mean the enlargement of our common

view; the assimilation of new truths, and the fitting of them into the great general scheme of truth that we have already seen and accepted. The spirit of "Old Home Week" is a good one in which to open our present deliberations and to enter upon our enjoyments. As the son of the great household, upon whom for the hour falls the duty of speaking its welcome, I greet you with all affectionate heartiness to its hearthstone, and I ask you to aid me to make this particular homecoming richer than any that have come before it, in growth, in harmony, in service, in wisdom, and in strength of devotion to the cause we have in common, as children of the Institute.

It is natural and fitting that, on the first evening of assembling at an old-home hearth, the talk should travel far backward and far forward, taking as long views as may be, in both directions; so I would ask you to look far backward into the causes of our coming together, and far forward into the largest uses that we can serve in coming together.

Who founded the American Institute of Homœopathy? A body of *physicians*. That is what we are apt to forget in answering that question on quick challenge; we are far more apt to say . . . a body of homœopathists. True, the founders were homœopathic physicians, but they were that secondarily, though very essentially. First of all they were *physicians*. They were men well grounded in all the medical lore of their day; they were men who had studied that lore under exactly the same instruction as had any men then bearing the title of physicians. Broadly speaking, all that any physician, as such, then knew, they knew. And knowing, they did not find it sufficient for their needs as healers of the sick. Let that never be forgotten. The founders of homœopathy did not become homœopathists as an easy road to riches or to notoriety, as not a few of our unbrotherly professional brethren still hold even to-day. They did not become homœopathists because they were not intellectually equal to mastering the knowledge possessed by other physicians of their day, as again is too often claimed. They had already mastered that knowledge, and not a few of them stood high in existing medical councils. They became homœopathists because, knowing all that was known by the medical science of their day, they did not find that all sufficient to treat the physical ills of humanity as successfully as they felt the

physician should be able to treat those ills. They believed that in the homœopathic law of cure they saw an advance upon any method of cure then in use. And they resolved to give that law a trial in their daily practice. If they could have been freely allowed by their brother physicians thus to test this new article of their medical faith, there would never have been separation, of the homœopathists' making, in the great army of healers of the sick. They were not so allowed. For resolving to test the homœopathic law they were met with a persecution that it is no part of my purpose to recall to-night. This persecution forced them into what we may call professional segregation. The toleration, nay, the encouragement, extended since that time, and to-day, to the practitioners and exclusive practitioners of innumerable specialties of the vast field of medicine, was violently denied to those physicians, our professional ancestors, who sought to become *therapeutic specialists*. Let us keep this fact well in mind, and then we shall never lose sight of that other fact, that in electing to become a therapeutic specialist, then or to-day, no physician loses, by any logic that can be summoned, his right to be a physician-at-large; his heirship in every medical discovery of his own or of past ages; his right to experiment along any line that may seem wise to him in the treatment of his sick patient. A man does not lose the right to be reckoned among physicians, with every claim to the fullest recognition and privilege that great title implies, because he chooses to cultivate as peculiarly his own one small corner of the vast medical field. Nor does he lose his claim to share in every fruit of that field if he offers freely to his fellow-laborers in other corners of it the fruits he is cultivating in his own corner, and can prove to them the worth of what he offers. As well advance the economic insanity that the man who raises potatoes must live on potatoes exclusively, or the man who deals in wool be denied the wear of cotton, as to claim that the man who practices a medical specialty is thereby debarred from the fruits of the field of medicine at large. But what the laborers in the field of medicine have the right to claim is, that the aspirant to recognized ownership of a corner of that field shall first prove his knowledge of the use of tools, and of the character of the soil in which he is to work, as antecedent assurance that the fruits of his raising will be worth a place in the medical market.

This metaphor easily translates itself into fact. No man can justly claim a right to recognition as a laborer in the medical field who cannot first demonstrate his knowledge of those fundamental sciences on which, as on an indispensable foundation, the art of medicine rests. He must have mastered the science of anatomy, physiology, chemistry, histology, pathology and pharmacology. No man ignorant of these things is a physician; and until a man is first a physician, he can never be accorded recognition as a medical specialist. Our medical ancestors, the first homœopathists, met these requirements fully and triumphantly. All that was known of the fundamental sciences of medicine they knew. Their right to become specialists was, therefore, clear. And we who call ourselves homœopathists to-day have also fulfilled these conditions. All that any physician of to-day is required to know of these fundamental sciences we are taught in our homœopathic colleges. Homœopathic colleges, indeed, may boast of having led those of any other school in their requirements as to the length of time a student must compulsorily spend in acquiring his knowledge of those sciences. As physicians, we have a right to our share of every fruit grown in the medical field. We are also specialists, with our own long-claimed corner of that field to keep under careful cultivation, that we may offer from it worthy fruit to the common market. Is it said that no one not resident in our particular corner has any use for our fruit? It may be true that not much of our fruit is openly in request in the public medical mart, but as it is none the less pretty constantly found on the tables of fellow-laborers whose fields neighbor ours, we are forced to the conclusion that what is not bought by day is sometimes plucked by night. I need not, perhaps, interpret this metaphor to you. You have only to study the therapeutic "discoveries" chronicled in the journals of other schools than our own to follow it easily.

We would do well to repeat, as a *credo* to be recalled on the eve of any labors we undertake in common, the fine and satisfying definition that our Institute *Transactions* bear on their title-page . . . "A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics, and observes the law of similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right."

“His knowledge of medicine.” What is medicine? It is a curious fact that while most of the States of the Union have laws for the regulation of medical practice, there does not exist an authoritative legal definition of medicine. Perhaps, as satisfying a definition of it as does exist, is to be found in the *Standard Dictionary*, in the phrase which defined it as “The healing art; the science of the preservation of health; and of treating disease for the purpose of cure.” “The Art of Healing;” that was a phrase dear to Samuel Hahnemann. Healing the sick; that is the work to which we are pledged by the fact that we are physicians. Not to uphold a theory, however old or new; nor to dogmatize, but to heal the sick. Not, please note, to heal the sick exclusively by means of drugs. It is important to have that clear in our minds, for we who are physicians too often are guilty of that confusion of thought which is almost chronic with the laity; the inseparableness of the practice of medicine from the administration of drugs. There are a great many worthy and successful practitioners of medicine to-day, the very least part of whose work has to do with drugs at all. This may not be a very palatable reflection to those homœopathists whose devotion to the practice of medicine does not go far beyond the exercise of their own therapeutic specialty. But it is none the less a fact immensely to be reckoned with. Nor can we escape reckoning with the fact that the greatest practical advances in the healing art for the last half-century have *not* been made along the lines of drug-administration. Do you doubt this? Look over the records of recovery from disease made under treatment where drug-administration has been reduced almost to a negligible quantity, or has been dispensed with altogether; the cures made by surgery; by diet alone; by hydro-therapy; by the various forms of manipulation; by the open-air treatment; by electro-therapy in its all but miraculous advances along the lines of high-frequency currents and vibratory stimulation; by the antitoxins; by psycho-therapeutics. What advances has drug-administration made to compare with the advances made by these? Our brethren of the old school return to this query an all but wailingly pessimistic reply. Said Dr. Frank Billings, in his Presidential Address before the American Medical Association, only a twelve-month ago:

“Much as has been accomplished by experimental medicine in a comparatively brief period of time, there are vast fields to which the method has not been applied. With most of us our present methods of clinical observation enable us to do little more than name the disease. In the vast majority of infectious diseases we are helpless to apply a specific cure. Drugs, with the exception of quinine in malaria and mercury in syphilis, are valueless as cures.”

As homœopathists we are happy in being able, alike by authentic statistics, and by long and varied personal experience, to give a much more cheerful judgment on the usefulness to-day, and in a long past, of drugs, administered under a law. Here is our proof that as specialists we are making our specialty subserve the common store of medical knowledge and the alleviation of the sufferings of our fellow-creatures. But while reiterating and rejoicing in this fact, we must yet ask ourselves, What progress has homœopathy, the therapeutic specialty, made in the last twenty-five years, that is at all commensurate with that made by the majority of the specialties already named? Understand, please, that I do not mean by “progress” advance along the lines of public appreciation or pecuniary success, but progress along the lines of broadened therapeutic resources. It is much that our remedies applied under our law still so largely hold their own, approving themselves by their success in curing diseases. When we compare this truth with the fate of the remedies twenty-five years ago so highly vaunted by our brothers of the old school, and to-day, by so high an authority as the president of their national association hurled in a mass into the waste basket of dishonored oblivion, we have no reason for despondency. As homœopathists we have no reason for despondency that other specialties have out-run our own in relative progress in a half-century, since all those other specialties are our gleanings, our personal resources when we think of ourselves primarily as physicians. Every progress made in medicine is our progress, since by it we may profit in equal measure with any of our brethren, in our work of healing the sick. There have been periods when factions have held that a homœopathist was false to his calling, if he employed in healing the sick, any other resources than those offered by the drug administered under the law of

similar. Those periods have fortunately passed; those factions practically no longer exist. However, the not yet extinct prejudice of our brethren of other schools may vehemently deny it, we are essentially at one with every educated physician, whatever his specialty in medicine. We need not talk of "amalgamation" with the mass of the medical profession as a future possibility, dependent on our yielding our special medical title. We *are* amalgamated with the true healers of to-day and of all time past and to come, when we claim as our own all knowledge that physicians can possess in common, and the right to employ all means that time and science may reveal for lessening the sufferings of humanity. Is there any one calling himself a homœopathist to-day who will claim that the use of a drug alone, administered along the line of similars, will cure *every* diseased condition as quickly and surely as *any* other means known to the medicine of to-day can cure it? I venture to say there is not. If there be, he must find himself ill at ease indeed in the American Institute of Homœopathy, so much of whose time is profitably occupied with the deliberations of special societies which exist to cure diseases by means not primarily those of drug-administration. Is there any homœopathist to-day who claims that he can select a drug, under the law of similars, which will achieve the results of the fresh-air treatment in tuberculosis; of surgery in pathologic conditions requiring the knife; of saline injections in collapse; of diet in diabetes, gout and scurvy; of antitoxin in diphtheria; of the dessiccated thyroid in myxœdema; of adrenalin in hæmorrhage; of psychic therapy in certain forms of neurosis; of hypnotic suggestion in certain hysterias; of the X-ray in epidermoid cancer and lupus; of manipulative treatment in certain muscular affections? I again venture to answer, no; and to assert the necessary corollary of this admission that there are few homœopathists indeed who would ignore the obvious duty, when faced with a case of any of the above referred to maladies, of adding to whatever benefit he was achieving for his patient by the use of a carefully selected homœopathic remedy, the immeasurably more assured benefits of the treatment above referred to, each in its appropriate field of action. Would the homœopathist in doing this be advertising the inefficiency of his own specialty? It is hardly conceivable that such a claim

can be made. Surely no one, outside the advertising circulars of a vender of quack remedies, claims to-day that for every disease there is a single cure-all. In admitting the limitations that we share with every other specialist, we assert the privileges we share with every other physician.

e. it It is a matter for regret that in the ever widening history of medical specialization, what I have already called the segregating process should so continually obtain? From any sane or far reaching view-point, emphatically no! Spencer's famous law of cell growth and reproduction may well be believed to apply to the cells of knowledge as well as to those of more material sort. Says Spencer: "A cell increases in bulk, as the cube of its diameter; in surface, ^{as} ~~and~~ the square of its diameter."

The obvious outcome of this inevitable process is that there comes a time when the demands of the bulk exceed the power of the surface ^{of} ~~of~~ supply. The consequence must either be death or segmentation. Two bodies take, by segmentation, the place of one, each unit with a surface of its own. Is not this entirely true of the bulk of knowledge? Slowly growing, from within outward, there comes a time when segmentation takes place, and two bodies stand where one stood. This is inevitable, if all the truth which has developed is to have means of manifestation. Hence differing religious creeds. Hence differing medical denominations and specialties. Disruption as a means of growth is nothing to lament. So that no part arrogates to itself the title and privileges of the whole, the process of segmentation, of specialization, is wholly beneficent in result. Our ancestors in medicine, when the moment of their segregation came, found no recognition of their right to a life separate from that of the parent body. That was and is regrettable. What would be infinitely more regrettable would be for us, their descendants, to emulate the unwisdom that refused them that recognition. Let us, in this our day, watch the new processes of specialization with calm and acquiescent eyes. Let us ask of any medical specialty the one question: does it heal any form of sickness more quickly and more permanently than any method already in use? Let us ask of any specialist: is he first a physician? Here I take it is the key to problems of medical legislation. To face with


no dogmatic challenge curative systems that claim a right to prove their efficacy on whatever patients are willing to try their efficacy. Merely to demand of those who desire to practise such systems, that they be and approve themselves physicians, well grounded in the knowledge of the fundamental laws governing the life of the complex human body. This assured, admit them to the field of medical practice, and watch the results of their work. Surely the most radical defendant of the rights of individuals can see no tyranny here. The community demands that no man shall practise as a pharmacist unless he can show the license that proves his familiarity with the properties of the drugs he dispenses. It demands that no man shall practise as an engineer unless he can show the license that proves him master of his steam and his steel. Is it more tyrannical for the community to demand of every one who would practise as a physician, *a healer of the sick*, that he first demonstrate his understanding of the laws governing the human body with which he asks to deal? To demand less than this, to admit fanatics and charlatans, ignorant of the bodies they are tampering with, into the field of medical practice, is to put the community at large into obvious peril. I need but to instance the risk to the community of allowing a case of smallpox or scarlet fever, or diphtheria to fall into the hands of those either too ignorant to recognize the character of the disease or too fanatical to admit its existence. No; let us as physicians insist by every influence that we can command that none but qualified physicians shall have a right to recognition in the field of medical practice; and then as specialists in that field, let us accord respect and intelligent interest to the work of every other specialist in that field.

Is this too large a liberality to ask of you? Are there certain specialties I have already mentioned, to which you are doubtful if thinking men and women are justified in according any measure of credulity? Do you hesitate to admit, for instance, the claims of the almost innumerable varieties of psycho-specialists, because their methods seem too ærial and indemonstrable? Neither time nor inclination permits me to enter here into any lengthened argument for or against the possibility of distinctively psychic means for the cure of disease. But I cannot forbear a suggestion or two, which I leave

for you to ponder at your pleasure. Has it ever occurred to you that any physician who knowingly gives a placebo to an hysterical patient, which placebo serves its healing purpose, has accomplished his cure by distinctively psychic therapy? Can you deny that this is the case? And when he keeps the knowledge of this fact from his patient, and in not infrequent instances from himself, is he the superior or the inferior of the specialist who treats his patient by distinctively psychic means, with that patient's full knowledge and assent? I but ask the question; in answering it, weigh the justice of ridicule or persecution of the habitual practitioner of psycho-therapy, by those who employ the same therapy occasionally and unconfessedly. Is there here no possible gleaning by night in a neighbor's field, such as we agreed awhile ago we ourselves sometimes suffered from? One more word in this connection, and a somewhat more serious one, to which I ask your serious attention and consideration. Is it not possible, I say only possible, that there may be rounds in the ladder of consciousness too elevated for ordinary sense to climb, yet to be scaled by senses of which not many of us are as yet practically aware? May there not be powers too high and subtle for manifestation to the ordinary sense, that can yet make themselves manifest to specially cultivated sense? The lowest of the recognized five senses, through which the universe outside ourselves manifests itself to our consciousness, is that of touch. Touch is our ability to apprehend, by means of its direct and material contact with certain nerve fibres, a form of energy manifesting itself through a solid mass of matter. This is the lowest round on the ladder of consciousness, requiring for its ascension only a material object and flesh with which to bring that object into contact.

The second round in our ladder of consciousness we call taste. Here indeed we have material substances still to be apprehended before the act of consciousness can be complete, the round of the ladder ascended. But note that this matter must be in higher form and manifested through a more subtle medium than that which appeals to the sense of touch. Touch deals with solid substances; taste refuses to deal with other than liquid ones; matter in solution. We have mounted a step, we are using a sense that can apprehend, nay that de-

mands a finer and subtler medium for matter to use in making its appeal to the consciousness. Another round and we have reached the sense of smell. Yet again we have changed and rarefied our medium for the appeal of matter to nerve. We have climbed above the liquid; we have here matter in suspension in a gaseous medium, appealing to a sense so delicate that it can receive this suspended matter through a medium that is invisible and intangible. Here is an appreciable upward step indeed; and now we climb, if not far, yet fast. For our next round is that we call hearing. Here we are emancipated from matter altogether, as matter is ordinarily understood. Here the universe makes appeal to our attuned senses, through a medium of air alone; through mere energy in motion, manifesting as vibration. Brought into realization, have we not here a fine and wonderful thing, which yet is a most familiar experience? Have we not climbed fast and far? But we may make one more step yet, nor stand above our reassuring experience of every day. We climb the round of sight. Here we have energy emancipated from solid, from liquid, from atmospheric media; here we have as a medium only that mysterious thing called the ether; as far above the air as that is above the liquid, or that above the solid. Here we stop, or do we stop? Would it not be more rational, more logical, to say not, here we stop, but here we for the moment pause? Are we prepared to say that at the sense of sight there ceases arbitrarily, this wonderfully, subtly, exquisitely graded ascent, up which we have thus far been led? Has life energy lost its power of further, higher manifestation? Has humanity no senses by which that life energy in higher manifestation can be apprehended? Let us imagine a form of life which has not yet, in its evolution, mounted above the first round of our mystic ladder, whose sole sense is that of touch. If it could be conveyed to such forms, that, beyond touch there was capacity for taste, for smell, for hearing, for sight, what answer do you fancy that creature possessed of but the one sense of touch would make to these assertions of its own latent powers? Do you suppose it would make a widely different answer from that made by many of us, when we are asked to consider the possible existence of a sixth sense, a seventh, a thousandth sense which mount above our five senses, as they mount above each other?



Thus far in our talk, I have spoken to you largely as a physician to physicians. Now, for a few moments, let me speak to you as a homœopathist to homœopathists. Let us, for a little, turn to our own special corner of the medical field, and talk of family matters. What are we, as homœopathists, contributing to the work of the medical field at large? What are we doing to justify our claim to be therapeutic specialists? We cannot escape these questions; and it is better that we should ask them of ourselves and of each other, than that the world outside our corner should ask them of us.

What are we giving to the field at large? We are giving what we have long given and we are giving it with the confidence in its worth only the testing of years can bring. We are giving remedies for whose efficacy we have scientific warrant. We are giving remedies whose worth we have tested by scientific methods, and tested for ourselves, and which can be proven as to their pathogenetic powers, by any scientist curious to do so. In this respect alone we justify our right to continued existence as homœopathists. The drug-giving physicians of other corners of the field can bring no such claim as ours. They know no law under which remedies can be administered for the cure of the sick, other than that of loose empiricism. The drugs and combination of drugs that they employ are not only not chosen as the result of their own study of their properties, but are used by them many times in total ignorance by the prescriber, of the very names of the drugs he is administering. Is this an incredible statement? You have only to read carefully one week's contribution to your mail by the pharmacists who make a specialty, and how many of them do not? of "elegant, ethical and synthetical pharmaceutical preparations," for the cure of everything under heaven. The component parts of these specifics they shyly refrain from mentioning, yet despite that fact they present ardent testimonials from physicians of unimpeachable standing as to the power of the specifics. Reflect on this and you will not find my statement incredible. Ponder Dr. Billings' statement, which I have already quoted, on the non-reliability of every drug but two, in use by all allopathic schools to-day, and then ponder the fact, demonstrated by a study of their magazine literature, of the number of drugs they habitually employ, and I think you

will admit the need as crying to-day as ever before, of therapeutic specialists who know what drugs they employ, and what the properties of those drugs are, as proved by their action on the healthy body, and under what law they can be administered, to secure an all but uniform result. We may say, indeed, to secure a uniform result, when we subtract occasional temperamental idiosyncrasy^{see} of the patient, and certain occasional errors of diagnosis of the physician; such errors as the failure to recognize a condition that calls for special treatment outside the domain of drug-giving at all; for instance, a headache directly due to eye-strain.

We have not outlived the world's need of us. We have not outlived the need of our continuing as therapeutic specialists. Nor are we departing, as is sometimes woefully claimed, from our faith in homœopathy and its laws, because we have in our ranks many specialists who treat exclusively given diseases, and treat them largely by means outside the domain of drug-administration. There are few if any of these our specialists who do not use the homœopathic remedy as the most valuable adjunct of their treatment as a whole. In a series of questions I recently addressed to many of our specialists, with this aspect of my subject in mind, and which were fully and courteously answered, many interesting and germane points were brought out. The question, for instance, as to whether in their specialty they found the homœopathic remedy of practical use, elicited a universal and warm assent. The general opinion is well epitomized in the following quotation from the reply of a well known specialist in diseases of the eye and ear:

“Since I began practicing, I have constantly depended upon my drugs to aid me in the treatment of my patients. Perhaps I do not depend on the drugs alone, but I do feel they are of the greatest importance in many eye and ear conditions, and I would be greatly handicapped if I did not have their aid. This is particularly the case in intra-ocular diseases: *i.e.*, iritis, choroiditis, and the various conditions of the retina and the optic nerve. Here the homœopathic specialist has everything to give his patient, while his allopathic confrère has to depend only on general lines of treatment of a dietetic and hygienic^u nature.”

So much for what homœopathy is doing for its specialists;

what are its specialists doing for homœopathy, is a question of germane interest. This also has suggestive answers. For one thing they are fighting the battles of homœopathy on the material side, by compelling recognition of the fact that homœopathists are capable of as telling work in special fields as are their old school confrères; and thus enlightening prejudice on the score of our limitations. For another thing, they are sifting and specializing our materia medica, of which more presently; for they are making more use of, and consequently doing more to establish in a month the powers of our drugs having special symptoms, eye and ear, skin, kidney symptoms, for example, than the general practitioner would be likely to do for such drugs in a year. For yet another thing, as was pointed out in one of the answers I received, homœopathic specialists have enlarged our knowledge of the use of homœopathy through the publication of numerous text-books relating to their specialties, which deal fully with remedies homœopathic to the disease they specially treat. Thus homœopathy ministers to our specialists, and they to it. A good and cheering record! Thus far our outlook has been all cheer. Not so much can be said, perhaps, when we have asked ourselves the questions: what progress has homœopathy made, on its therapeutic side, in the last quarter-century? Is homœopathy making any progress in worth commensurate with its progress in success? I need not answer these questions, but it is my duty to ask them. It is also my duty earnestly to urge that our history be made to furnish more optimistic answers to them, when they are asked a quarter-century hence. I am sure that nothing can help forward a consummation so hoped for by us all, than the carrying out of some plan for the founding of an Institute for Drug-Proving.

Its work will be living work; it will be vitally necessary work; and it will be our work, by right of sacred inheritance. Not a recruit under our homœopathic banner but can do his share toward that work. In the governing body of that Institute we must enlist representatives of every specialty. Every specialty, through its representative, must glean from every drug proved those symptoms which suggest its usefulness in that specialty. These symptoms it must be his special province to verify by test and counter-test. Thus he will be greatly

serving homœopathy, and adding greatly to the power of homœopathy to be of service to him and to his patients. Even we general practitioners, though painfully conscious, sometimes, of standing as the future dodos of the medical profession, soon to be of interest only to the student of extinct species, will have our share of that great work, by chronicling the triumphant emergence from the sharper tests of this new scientific day of our own old standbys, in the few unfashionable, homely, and as yet unspecialized ills that remain for our tendance. We shall point out to a world that still eats green apples how colocynth is equal to autumnal emergencies, and how aconite still holds its own in measles, a formidable rival to the common or domestic saffron tea. Nor is it alone the ministrants to differing varieties of disease who must claim equal representation in the new Institute of Drug-Proving. This must embrace, as well, representatives of every differing shade of homœopathic medical opinion, who may, in the large toleration born of these new days, work together in amity. The gruesome spectre of the "potency question" as a war issue may surely now, at last, be relegated to our family tomb. The advocates of the highest potencies can hardly be unwilling to submit their claims to some other tribunal than that of the uncontrolled clinical test, since by that tribunal to-day the most numerous honorary diplomas are granted to quack proprietary preparations. The scoffers of aforetime at the powers of the infinitesimal are remaining, if not to pray, at least to ponder in chastened soberness lessons in the power of the infinitesimal, as manifested in the germ theory and the X-ray; and to read thoughtfully that recent report of the United States Department of Agriculture, which states that the application of a solution containing one part of copper sulphate to seven hundred million parts of water is sufficient to affect the growth of certain seedlings when applied to their roots; and that experiments with infinitesimal dilutions of this same substance (one to fifty million) promise to give a treatment of water-supplies that shall make the workers on the Panama Canal practically immune from the diseases that, it was proclaimed only a few brief months ago, could not fail to cost that enterprise a million lives before it saw completion. With the recognition of the necessity of scientific control-tests on the one side, and the recognition on the

other side of the unwisdom of crying "impossible" to anything, because we cannot at once determine its method of working, the two hitherto opposed factions of our therapeutic faith should find it easy to work together to noble and abiding result, and in a spirit wholly fraternal.

Once more, fellow-children of our great Institute, I bid you welcome to its councils. I welcome you as therapeutic specialists, united in loyalty to a family cause. I welcome you as physicians united by a greater bond and to a wider issue. As specialists, may we grow in expert skill by these our common deliberations; as physicians, may we grow in wider usefulness; as men and women, may we grow in tolerance, and earnestness, and human kindness.

