Past and present : the inaugural address of the Guy's Hospital Physical Society, delivered October, 4th, 1907 / by G. A. Gibson.

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PAST AND PRESENT.

The Inaugural Address of the Guy's Hospital Physical Society, delivered October, 4th, 1907.

BY

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Past and Present.

ENTLEMEN,—Among the many reasons which led me, ry gladly, to accept your cordial invitation to be present is evening, three stand out most prominently. In the st place, the general sympathy which exists amongst en who have the same aims in common naturally ds each of us to rejoice in meeting with his fellows. thin the realm of science, in which medicine plays important a part, there ought to be no narrow lousies. When one school flourishes, it offers an entive to others to strive to emulate it in generous alry. In a word, the solidarity of modern science cessarily brings with it a spirit of comradeship roughout the civilised world.

In the next place, it is historically interesting to serve that the foundation of Guy's Hospital, in ndon, and the Royal Infirmary, in Edinburgh, took ir origin in the same epoch. The Will of Thomas Guy s signed September 4th, 1724, and was proved on nuary 4th, 1795. Guy's funeral took place three days er, but even before his obsequies were conducted the spital had been opened, and, as we learn from the eresting "History" of Sir Samuel Wilks and Mr. tany, sixty patients were in residence at that time.[1] the same year, the Royal College of Physicians of inburgh, according to Sir Thomas Grainger Stewart,[2] de a proposal that a hospital should be erected for the efit of the sick poor and the furtherance of medical dies, and initiated a public subscription with this aim view. Four years later a "small hired house" was ned for the reception of six patients, very near the t where the tragedy of Kirk o' Fields was enacted.

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1. A Biographical History of Guy's Hospital, London, 1892, p. 73, p. 75.
2. Edinburgh Hospital Reports, 1893, vol. i., p. 1.

From such small beginnings the Edinburgh Roya
Infirmary took its origin. It obtained a Royal Charte
in 1736, the foundation stone was laid in 1738, and th
old building, which was left twenty-eight years ago, wa
opened for the reception of patients in 1741. Ou
hospitals, therefore, date from the same period, an
have the same length of tradition to look upon.

And, in the last place, above and beyond these reason
for a brotherly feeling, there exists between the souther
and northern schools the strong tie formed by persona
attachments. Throughout the last two centuries man
distinguished graduates of Edinburgh continued thei
studies afterwards at Guy's, while, on the other hand
many of the most brilliant Guy's men came north t
Edinburgh to study and graduate there. Time woul
fail me in any attempt to recite a list of such inter
changes, but you will, perhaps, permit me to refer to two o
the most distinguished ornaments of Guy's Hospital—i
fact, two of the most renowned physicians who have eve
adorned the annals of English medicine—I mean Brigh
and Addison. Both these great men studied in Edinburgh
where they had notable undergraduate careers, and bot
of them shed the lustre of their genius upon the debate
of the Royal Medical Society. When the Society, a fe
years ago, published a series of "Dissertations b
Eminent Members of the Royal Medical Society," tha
of Richard Bright on Gangrene[3] was gladly included i
the volume. In the Preface, which was written by th
late Sir Douglas Maclagan, the statement occurs:[4]—"I
is to be noted, however, that there are several names, an
some of them among the most illustrious, of whom ther
are no dissertations extant. Of these may be mentione
William Cullen, one of the founders of the Society
Joseph Black, Haller, the Monros, Oliver Goldsmith
Mark Akenside, Mungo Park, Sir Charles Hastings
Thomas Addison, and Charles Darwin." Sincere regre
has been expressed on all hands in the Edinburgh Schoo
for the absence of any trace of Addison's dissertation

3 Dissertations by Eminent Members of the Royal Medical Society
Edinburgh, 1892, p. 64.
4 Ibid., p. vii.

For these various reasons it has afforded me more than usual gratification to stand in this place this evening, and the pleasure is enhanced by the presence of Sir Samuel Wilks in the chair, in whose person there is a bond between Guy's and Edinburgh, seeing that he is an honorary graduate of my own University. Will you allow me, in this connection, to mention how frequently the friends of Guy's Hospital have had to mourn over the premature losses which it has sustained. Babbington and Fagge died long before their natural term of office had expired, while Bird, Mahomed, Carrington, and Washbourn were cut off while still assistant physicians, and King and Hodgkin did not even attain that position. Modern medicine has lost much through these unfortunate and lamented disasters.

It did not occur to me, in suggesting the title which has been used for this address, that it savoured of imitation, inasmuch as it is that borne by Carlyle's most charming work, until it was too late to effect an alteration. Before plunging into the subject-matter, let me express the hope that you will absolve me from any attempt at competition with my great countryman, the "Seer of Chelsea." The current of thought, in truth, leading to the use of such a title, was very largely directed by pondering over the great obligations to Guy's Hospital under which modern medicine lies. It would not become me—it would, in fact, be beyond my powers—to say anything with regard to surgery, obstetrics, or any special province of the medical sciences; but, confining our attention solely to internal medicine, we owe much to the physicians of this hospital. Here let me observe how much we gain by keeping ourselves acquainted with the labours of the past. It is interesting indeed to survey the methods by which advances in knowledge are gained. At one time the laborious efforts of many bring about the acquisition of new facts. At another, the brilliant generalisation of one throws a flood of light upon a subject. It must be encouraging to all of us to observe at the origin, even of the most wonderful discoveries or transcendent speculations, how a small germ may be

dimly discerned which in time shows the most remarkabl
growth. Nowhere, perhaps, does this strike one s
forcibly as in observing the development of Charle
Darwin. In the Journal of the Voyage of the "Beagle,
written in his early years, when speaking of a certai
snake, Darwin says[3]—"Cuvier, in opposition to som
other naturalists, makes this a sub-genus of the rattle
snake, and intermediate between it and the viper. I
confirmation of this opinion, I observed a fact, whic
appears to me very curious and instructive, as showin
how every character, even though it may be in som
degree independent of structure, has a tendency to var
by slow degrees. The extremity of the tail of this snak
is terminated by a point, which is very slightly enlarged
and as the animal glided along, it constantly vibrate
the last inch; and this part striking against the dr
grass and brushwood, produced a rattling noise, whic
could be distinctly heard at the distance of six feet. A
often as the animal was irritated or surprised, its ta
was shaken, and the vibrations were extremely rapi
Even as long as the body retained its irritability,
tendency to this habitual movement was evident. Th
Trigonocephalus has, therefore, in some respects, th
structure of Vipera, with the habits of a Crotalus, th
noise, however, being produced by a simpler device.
Here we have the earliest intimation of one of the mo
important pieces of evidence which led the genius
Darwin to those theories embodied in his immort
works. Truly the teaching of scientific history shoul
lead us to dwell much on the labours of those who hav
gone before us, to ponder over the lessons which the
have taught us, and to do the work of the present in th
light of the past. In a busy age we are undoubted
prone to make light of the results of former times. I
this connection you will perhaps allow me to recall t
you the burning words of Ruskin upon a somewh
analogous subject[4]:—

"There is a curious type of us given in one of th

3 Journal of Researches into the Geology and Natural History of th
various Countries visited by H.M.S. "Beagle," London, 1839, p. 11
4 Sesame and Lilies, London, 1865, p. 103.

vely neglected works of the last of our great painters. is a drawing of Kirkby Lonsdale churchyard, and of s brook, and valley, and hills, and folded morning sky yond. And unmindful alike of these, and of the dead ho have left these for other valleys and for other skies, group of schoolboys have piled their little books upon grave, to strike them off with stones. So, also, we ay with the words of the dead that would teach us, d strike them far from us with our bitter, reckless ill, little thinking that those leaves which the wind atters had been piled not only upon a gravestone, but on the seal of an enchanted vault—nay, the gate of a eat city of sleeping kings, who would awake for us, if e knew but how to call them by their names. How ten, even if we lift the marble entrance gate, do we t wander among those old kings in their repose, and ger the robes they lie in, and stir the crowns on their reheads; and still they are silent to us, and seem but dusty imagery; because we know not the incantation the heart that would wake them—which, if they once ard, they would start up to meet us in their power of ng ago, narrowly to look upon us, and consider us; d, as the fallen kings of Hades meet the newly-fallen, ying, 'Art thou also become weak as we—art thou also come one of us?' so would these kings, with their dimmed, unshaken diadems, meet us, saying, 'Art ou also become pure and mighty of heart as we? Art ou also become one of us?'"

Here the *genius loci* almost inevitably leads me to ink specially of some of the advances which we owe, the first place, entirely to Guy's Hospital, and you ill undoubtedly extend your indulgence to me for a few inutes in an attempt to estimate the importance of ddison's discovery, and the recent developments to hich it has led. No better illustration could be tained of my theme. It is obvious that Addison was no hurry to bring forward his discovery. After long servation and full reflection, he brought his views fore the South London Medical Society in 1849.[5] His

5 Lond. Med. Gaz., New Series, 1849, Vol. viii., p. 517.

observations speedily bore fruit, and it will be of interes to submit to you a piece of unrecorded contemporar biography. A few years ago Sir William Turner Principal of our University, came to my wards in th Royal Infirmary, in order to see a beautiful case c acromegaly then under my care. The consideration c the subject led us to speak of the discovery of certai affections, and he mentioned that, when he was clinical clerk in the medical wards of St. Bartholomew' Hospital, Sir George Burrows brought before his cliniqu the discovery recently made by Addison. Sir Williar informed me that he thought the date was in the end c 1853 or early in 1854. When thinking over the subjec of this address, it occurred to me that it would be we to be on certain ground in this respect, and accordingl the Principal was good enough to have a talk with m upon the subject. The result of this conference ma best be embodied in the following letter:—

5, Eton Terrace,
Edinburgh,
12th Sept., 1907.

My Dear Gibson,

Since our conversation yesterday I have examine the notes which I took when Clinical Clerk to Sir Georg Burrows, and I find in them a detailed account of th case of suprarenal disease.

Patient, a man æt. 26, was admitted into Joh Ward, April 7th, 1854. I need not give you the note but the skin colouration was distinctive. He was il nourished, and had led a vagrant life. He had, tw years previously, had an abscess over the fifth lumba vertebra, which discharged for nearly four months. H stated that he had been gradually wasting befo admission, and he collapsed and died eight days afte wards. The *post-mortem* examination showed tubercul disease of both suprarenal bodies, and the right co tained purulent-looking fluid, apparently disintegrate tubercle. The case fixes the date of Sir George Burrow remarks to his clerks.

Very truly yours,
WM. TURNER.

Let me remark in parenthesis how valuable a habit at of keeping notes is.

Addison's discovery was fully published in 1855.[6] It ntained a description of eleven cases, and was companied by eleven plates, and was so thorough that ry little was left from the clinical point of view for bsequent observers. The cutaneous, circulatory and imentary symptoms, together with the profound thenia, were most fully described. There can be no ubt, as Rolleston says,[7] that the general recognition the disease is very largely, if not entirely, due to the yal efforts of Sir Samuel Wilks. Undoubtedly Addison as of opinion that any morbid lesion of the suprarenal ands might produce the characteristic symptoms of the sease, and that its features resulted not so much from e nature of the pathological process as from the disrbance of the particular function of the capsules. It ppears probable, nevertheless, that Addison was inclined modify some of his views as to the multiplicity of uses of the affection. In the Prefatory Remarks by Vilks and Daldy to the New Sydenham Society's ollection of Addison's Works, the following remarks ccur:—"There is another important point to which e attention of the reader should be attracted, that in anscribing, as we are bound to do, all the pages of ddison's Treatise, we necessarily include some paraaphs which the author, had a more extended obseration been accorded to him, would have been the first expunge, under the belief that he was supplying an mpulse to the further investigation of the disease. ddison unfortunately inserted some paragraphs implyng that, if the suprarenal organs were involved in cancer tubercle, symptoms corresponding to those which he ad described would result. All subsequent experience as shown that on this point he was unquestionably in rror."[8] Sir Samuel Wilks[9] and Greenhow[10] believed

6 "On the Constitutional and Local Effects of Disease of the uprarenal Capsules." Lond., 1855. Pp. viii., 43.
7 Brit. Med. Journ., 1895, vol. i., p. 687.
8 "A Collection of the Published Writings of the late Thomas ddison, M.D. Lond., 1868, p. ii.
9 Lectures on Pathological Anatomy, Lond., 1859, p. 351.
10 "On Addison's Disease," Lond., 1866, p. 21.

all real cases of Addison's disease to be produced b fibro-caseous changes in the suprarenal glands. It i necessary to mention, before going further, that th changes in the suprarenal bodies recorded by thes authors as a primary inflammation and ending in th fibro-caseous change sometimes terminating in a atrophic condition, are now universally regarded a tuberculous. Habershon,[11] while a member of thi school, was the first to show that inflammation beginnin in the suprarenal bodies may extend to the semi-luna ganglia and embrace them in fibrous tissue, an Greenhow[12] elaborated two distinct phases in th development of the process. But changes in the semi lunar ganglia and their nervous connections must still b regarded as extremely doubtful, and the importan observations of Hale White[13] have taught us how variable are the appearances presented by these struc tures, even in conditions which would be regarded a healthy. It must be admitted that, in addition t tuberculous disease of the suprarenal bodies, othe changes in these organs produce symptoms closely similar to, if not identical with, Addison's disease Chronic interstitial changes leading to atrophy, and com parable to atrophic cirrhosis of the liver, were shown by Hadden.[14] Hæmorrhages into the suprarenal bodies have been found with symptoms of Addison's disease by Carrington[15] and others. Simple atrophy, without any increased fibrous tissue or fibrous adhesions, has been described by Spender[16] and Goodhart.[17] It must be added that undoubtedly the complete clinical picture of Addison's disease has been found associated with malignant changes in the suprarenal capsules. In Rolleston's Goulstonian Lectures[18] the following sum mary regarding the conditions of the suprarenal bodies

11 Guy's Hospital Reports, 1864, 3rd Series, vol. x., p. 78.
12 "On Addison's Disease," Lond., 1875, p. 73.
13 Journal of Physiology, 1889, vol. x., p. 341.
14 Trans. Path. Soc., 1885, vol. xxxvi., p. 436.
15 Ibid., 1885, vol. xxxvi., p. 454.
16 Brit. Med. Journ., 1858, p. 768.
17 Trans. Path. Soc., 1882, vol. xxxii., p. 340.
18 Brit. Med. Journ., 1895, vol. i., p. 690.

given: "To summarise the conditions of the supra-nal bodies recorded in Addison's disease, there are the llowing:—

1. The fibro-caseous leision due to tuberculosis, far the mmonest condition found.

2. Simple atrophy.

3. Chronic interstitial inflammation leading to atrophy.

4. Malignant disease invading the capsules, including ddison's case of a malignant nodule compressing the prarenal vein.

5. Blood extravasated into the suprarenal bodies.

6. No lesion of the suprarenal bodies themselves, but essure or inflammation involving the semi-lunar nglia.

The first is the only common cause of Addison's sease; the others, with the exception of simple rophy, may be considered as very rare."

Undoubtedly many of the symptoms of Addison's sease may be found without any distinctive lesion in e suprarenal bodies, as in a case recorded by Conder om my own wards,[19] while, on the other hand, erations of different kinds have been described in e suprarenal bodies without any resulting clinical mptoms. There can be no doubt that our con-ptions of Addison's disease are passing through period of transition. In the modern literature the affection there are many cases described in ich the diagnosis of the disease has been attained the total absence of pigmentation. A recent paper Stursberg[20] may be cited in proof of this statement. ses showing general weakness and feeble circulation, ng with gastric and intestinal symptoms, are, now-a-ys, not infrequently found to be associated with aracteristic changes in the suprarenal bodies. This ds me to the only point on which it is possible for me add any original observations of my own. Throughout e whole literature of Addison's disease the observation s been constantly repeated that the pulse has been

19 Edin. Med. Journ., 1905, vol. xvii., p. 275.
20 Münch. med. Wochschft, 1907, LIV. Band, S. 773.

weak or the blood pressure low, and yet, until quit recently, very few real pressure estimations have bee made. Even these have resulted in discrepant state ments. Janeway,[21] in his exhaustive work, only give two observations. One was in the case of a woman still under observation, with the typical features o Addison's disease, who showed, by means of Hill an Barnard's instrument, a diastolic pressure of 90 mm. Hg "The other, a man in my service at the City Hospita was in the last stages of emaciation and asthenia, an showed at autopsy typical fibrosis and caseation of bot suprarenals. A number of determinations, up to withi about two weeks of his death, showed a systolic pressu of 140 mm. in one arm. In the other the radial wa exceedingly small, and systolic pressure was abou 100 mm." Here we have, by an observer of unimpeach able accuracy, an interesting observation showing tha the pressure in this disease may sometimes b quite up to the normal. On the other hand, i two cases described by Stursberg, the pressur was remarkably low, being in the one case only 70 and in the other 65, of systolic pressure. My ow observations, until the last two or three years, wer made with Hill & Barnard's apparatus; but, as thei sphygmomanometer only yields readings which may b regarded as an approximation to diastolic pressure, the are not of much value. During the last two or thre years, when various forms of mercurial manometers hav been in use in my wards, opportunities of observing case of Addison's disease have been somewhat scanty. Tw cases, however, may be referred to. One is that of Russian Jew, aged 45, at present under treatmen admitted with profound asthenia, deep pigmentation, an serious gastro-enteric symptoms, who yielded a maximu systolic pressure of 95 mm., and a minimum diastol pressure of 72. Another patient, who has been lon under the care of my friend and colleague, Dr. Bramwel

21 "The Clinical Study of Blood Pressure." New York an London, 1904, p. 237.

22 Loc. cit.

lded a maximum systolic pressure of 150 mm., and a nimum diastolic pressure of 96. This patient was gnosed some eight or nine years ago as a case of onic Addison's disease. Undoubtedly he is profoundly henic, and has occasionally gastro-enteric attacks, ile the pigmentation of his skin varies considerably m time to time. Whether he can be regarded as a l instance of this affection must be allowed to be ubtful. My friend, Dr. J. M. Cowan, Physician to the yal Infirmary, Glasgow, has put at my disposal some tes of an interesting case of four years' standing, with ry marked general pigmentation, in which the systolic essure is 90 mm. Further observations upon the ood pressure are urgently required.

Taking a broad general view of these facts, which anifest an undoubted variability as regards the circu-ory appearances, and considering them in the light of e fluctuations of the other clinical phenomena, it ems probable that ere long it may be possible to attain some classification of different types of this interest-g affection. It must be regarded as at least possible at in cases of profound pigmentary changes in the alpighian layer, without obvious alteration in the supra-nal bodies, there may be glandular inadequacy; the con-rse may be explained by the supposition that even when tensive changes are present in the glands there may enough tissue still in possession of sufficient activity avert the usual results.

So much from the clinical point of view. We cannot nger over the subject, and must pass on to consider rtain of the pathological problems which arise in nnection with the affection. The views originally dvocated by Wilks[23] and Greenhow[24] are that a primary ffection of the suprarenal bodies which is uniform in s nature leads to secondary changes in the neighbour-g nervous structures. The changes in the nervous xtures were considered to be the factors by which the arious clinical appearances were brought about. These

23 Loc. cit.
24 Loc. cit.

opinions have had the support of many eminen authorities, whom time forbids me to mention. Th hypothesis fails to explain the cases—of which man have been recorded—in which the semi-lunar gangli and sympathetic nerve have been found absolutel healthy. And it further does not help us in those case in which the disease has been found to result fron simple atrophy of the capsules. Such consideration lead to the rejection of the nervous theory of Addison' disease.

The hypothesis has been advanced that the suprarena bodies remove pigmentary substances and various poison from the blood. MacMunn[25] holds that the suprarena bodies act in this way, and that when they are destroye an accumulation of such waste substances takes plac in the circulation; but no solid basis has ever bee adduced in favour of such a view. Not only is it a fac that no pigment granules have ever been found in th blood of patients suffering from Addison's disease, bu further, no increased pigment has been discovered in th renal secretion. This has not only been shown by Dixo Mann,[26] but also by Garrod, as reported by Rolleston. The same is true as regards the idea that the suprarena bodies remove poisonous substances, or at least rend them innocuous. It is undoubtedly true that th removal of the glands experimentally is followed b death, but the fact may be explained in another wa than that of failure of excretion. Tizzoni[28] an Nothnagel[29] found that when the suprarenal bodies we crushed and allowed to be absorbed, no signs of poisonin occurred, at any rate within a considerable period time from the date of the experiment. Abelous[30] an Langlois found that, after the removal of the suprarena capsules, followed by the administration of suprarena extract, no toxæmia resulted. The former experimen

25 Brit. Med. Journ., 1888, vol. i., p. 233.
26 Lancet, 1891, vol. i., p. 764.
27 Brit. Med. Journ., 1895, vol. i., p. 745.
28 Ziegler's Beiträge, 1889, vi. Band, s. i.
29 Zeit. f. klin. Med., 1879, Band i., s. 77.
30 Arch. de Physiol., 1892, v. Sér., Tome iv., p. 269 and 465.

e that the organs do not contain any toxic sub-
ces which they have been supposed to remove, while
atter show distinctly that if the bodies did excrete a
on, the administration of suprarenal extract could
increase the evil effects. It must, therefore, be
lutely clear that the suprarenal bodies do not
ove waste substances, whether pigmentary or toxic,
the blood.

ne last theory is that Addison's disease is caused by
nadequate internal secretion of the suprarenal bodies.
s view was founded on the investigations of Abelous
Langlois,[31] as well as of Oliver and Schäfer.[32] It
been found that normal suprarenal bodies yield a
erful extract which acts as a pressor agent, and it
been discovered by Schäfer and Oliver[33] that from
rarenal bodies obtained from cases of Addison's
ase, no active extract can be obtained. The result
hese investigations has been to render the theory
Addison's disease is due to a lack of internal
etion almost certain.

he observations which have just been quoted serve
he starting-point of a number of most interesting
stigations. It has been found, for example, that the
ex does not yield adrenalin, the principle which acts
ympathetic nerve endings, and that this is furnished
rely by the cells of the medulla. This portion of
organs is, accordingly, one of the most important
s of the glandular system leading to vascular con-
ction. The cortical substance has apparently some
ciation with growth and development, according to
observations of Wooley,[34] as well as of Bulloch and
ueira.[35] Precocious development has been seen in a
siderable number of cases. Undoubtedly these facts
analogous to certain of the changes associated with
rations in the anterior lobe of the pituitary body.
äfer and Herring,[36] indeed, have shown that the

Loc. cit.
Journ. Physiol., 1895, vol. xviii., p. 230.
Loc. cit.
Trans. Assoc. Amer. Phys., 1902, vol. xvii., p. 627.
Trans. Path. Soc., Lond., 1905, vol. lvi., p. 189.
Phil. Trans. Roy. Soc., Lond., 1906, vol. cxciv., p. 27.

anterior lobe of the pituitary body presents a remarkabl resemblance in many respects to the cortex of th suprarenal gland.

It may be supposed that Addison's disease may resul in part from inadequacy of the medullary portion leading to asthenia and hypopiesis[37] by loss of adrenalin and by failure of the cortex to maintain certain as ye unknown, but probably important, functions particularl associated with pigmentary excretion and toxine de struction. On this view there may be a most variabl assemblage of symptoms, according as the one or th other portion of the suprarenal body is mainly affected.

It would be of the greatest interest to follow the recen observations which have been made upon the action o suprarenal extract and its active principle. A chroni deficiency of suprarenal activity has been described, t which Boinet[38] has given the name of Addisonism. Th existence of an acute failure of suprarenal activity i undoubted, especially as seen in certain acute infections *e.g.*, diphtheria, where the suprarenal bodies are found t be in a state of such acute changes as cloudy swellin and leucocytic infiltration. The observations of Rivière and Dudgeon[40] are of great interest in regard to thi matter. Mott and Haliburton[41] have shown that th amount of adrenalin may be greatly diminished by acut disease. On the other hand, it is probable that a excessive secretion takes place on the part of the supra renal glands. A case was recently described by Vaque and Aubertin[42] in which parenchymatous nephritis an great cardiac hypertrophy were associated with marke increase of the medulla of the suprarenal bodies, an Wiesel[43] has described some instances of granula kidney with arterial degeneration and high bloo pressure in which there was enlargement of the medul

37 As is well known, Clifford Allbutt has introduced the ter hyperpiesis (Bristol Med. Chir. Rev., 1905, p. 7), and we may we use its antithesis.

38 Arch. gen. de Méd., 1904, vol. cxciv., pp. 2324 and 2525.

39 Trans. Path. Soc. Lond., 1902, vol. lii., p. 368.

40 Amer. Journ. Med. Sc., 1904, vol. cxxvii., p. 134.

41 Arch. of Neur., 1907, vol. iii., p. 123.

42 Comptes rend. Soc. de Biol., 1907, Tome lxii., p. 967.

43 Wien med. Woch., 1907, Band. lvii., s. 674.

the suprarenal bodies. These and many other elopments of our modern knowledge are most tempt- matters for consideration and speculation, but time oids me further to dwell upon them. When in the of finishing up these remarks, the admirable address Rolleston[44] to the Canadian Medical Association, n Some Problems in Connection with the Supra- als," made its appearance. It deals very fully and st ably with many of the more recent facts which e been briefly referred to.

The consideration of the facts and views thus briefly erred to furnishes us with an instructive picture of ebb and flow of scientific thought. The conception of disease, as originally described by the great man in ose honour it has well been named, was from the ical standpoint almost complete, while the patho- ical explanation for long seemed adequate, and was arded as having attained finality. Even in the early es of its recognition, however, as we have seen, there e currents of thought advancing and receding, like the es of the rising tide, but ever with an onward move- nt. It is so, it must be so, in every branch of knowledge. e fact is constant, the explanation is changing; sequent generations modify their views according to ir gifts and lights. Similar instances of changing ws meet us everywhere on our way through the world. en in Brittany lately, this thought was strongly borne pon me. Passing through Finistère, the great menhir Trégunc caught my eye, one day, and led me over the ther and through the furze to have a nearer view. ser inspection revealed a majestic monolith, erected he early inhabitants of that fair region—whose descen- ts undoubtedly are the Brythonic Celts of to-day, still in upation of their ancestral home—for the celebration of e of their religious ceremonials. But what rivetted my e, and arrested my attention, was the presence, on the mit of the megalithic monument, of a small stone cifix. What had arisen as a Pagan symbol, had been his simple device changed into a Christian emblem.

44 Lancet, 1907, vol. ii., p. 875.

And looking upon this interesting illustration of "Past and Present," the charming words of my friend, the Rev. Dr. Walter Smith,[45] came into my mind:—

"And on the spit of land, a stone,
With lichen tinted and with moss,
Stands on the tufted grass alone,
Its face graven with a simple Cross;
There is no word of pious lore,
Nor wreath, nor ring, nor ornament,
Nor sacred letters nicely blent—
A simple Cross, and nothing more.

"Not other is the stone from those
That in the mystic circle stand;
An unhewn slab, and yet it shows
New light risen on a darkling land;
In monumental speech, it tells
The story of the ages gone,
The story of the Pagan stone
New-charmed with sacred Christian spells."

45 The Poetical Works of Walter C. Smith, Collected Edition, London, 1906, p. 236.