

The patient died from whom the fluid used in Experiments 5 and 6 was obtained, and at autopsy a marked cerebral edema was found. The ventricles were filled with fluid which, when injected into dogs, was markedly depressant.

It also occurred to me that if such a depressant were secreted by the chorioid plexuses and poured out into the ventricular system it would meet there whatever was given off by the pituitary body, and it seemed wise to determine, if possible, what action these two principles might have on each other. As has been abundantly shown, the infundibular lobe of the pituitary gland contains a substance which causes a marked elevation in blood-pressure lasting for some time and accompanied by a marked slowing of the heart and an increase in the force of the cardiac systole.

Tracing 8 was obtained from a dog into whose jugular vein was injected 0.75 c.c. of an extract of the infundibular lobe of the sheeps' pituitary gland. The well-known effect is here nicely shown.

When an injection was made of a mixture of the pituitary extract just mentioned and an extract of the human chorioid plexus it was found that these substances tend to counteract each other, though incompletely. Of course, it is difficult to determine the completeness or incompleteness of such a counter-action in the absence of known dosage.

If we examine a tracing (Fig. 9), of such an experiment we shall find it very interesting. The depressant effect of the chorioid is shown, but lessened in amount and only transitory in time. This is succeeded by a rise in pressure due to the pituitary extract but this also is lessened in amount (15 mm.) and greatly shortened in time of duration. At the end of two minutes and thirty seconds the blood-pressure was within 5 mm. of that which obtained before the injection. The slowing of the heart is present but also reduced. It is evident then that these two principles which we presume are poured into the cerebrospinal fluid have a tendency to counteract each other in so far as their effect on the circulatory apparatus is concerned. It will be a matter for future investigation to determine, if possible, under what circumstances the one or the other gains the supremacy.

A further report on the nature of the chorioid "depressant" will also be made in the future.

4 West Seventh Street.

OPTIMISTIC THERAPEUTICS

GEORGE M. NILES, M.D.

Professor of Physiology, Southern College of Pharmacy; Associate Professor of Physiology, Atlanta School of Medicine; Gastro-Enterologist to the Tabernacle Infirmary

ATLANTA, GA.

Some months ago the Hon. Joseph Choate, at a celebration commemorating the landing of the Pilgrim Fathers, suggested that it might not be amiss to extol the Pilgrim Mothers also, who not only had to endure equally the hardships and privations undergone by the Pilgrim Fathers, but also had to endure the Pilgrim Fathers.

Along this line the thought has occurred to me that, while tomes have been written concerning the psychic attitude of our patients—how they should be lifted from the slough of disease and despond, and their feet planted on the solid ground of health and right thinking; how to combat the demon of introspection; how to

stem the increasing tide of "Americanitis," and so on *ad infinitum*—but little has been said about the psychic attitude of the physician who has these problems to shoulder as well as the mental foibles of the sick. He has to not only bear with the disease, but also bear with the changing, the complaining, and often repining personality of "experienced invalids," who know how to run up and down the gamut of symptomatology like an expert pianist, or who can argue from obscure cause to mysterious effect like a trained advocate.

We all have them: the surgeon hears of minor injuries entailing dreadful and far-reaching consequences; the gynecologist is regaled with lurid accounts of horrible ovarian and uterine pains; the ophthalmologist or aurist is told of ringing and singing sounds in the ears, or remarkable spots before the eyes assuming all manner of fantastic shapes; the internist hears of jumping and bumping hearts, of existences eked out with one lung completely gone, and the other one nearly out of commission, or of fierce pains in the back, denoting of course serious kidney disease; while the gastro-enterologist, I imagine, hears the most bizarre recitals of all. I am told sometimes of phenomena following the ingestion of simple articles of food which are neither explainable by physiology nor pathology, and which would make Sindbad the Sailor or Baron Munchausen turn green with envy. A prosaic piece of bread or an ordinary slice of roast beef, when deposited in the alimentary tract of some of these nervous dyspeptics, immediately becomes almost endowed with life, assuming a gastronomic importance anywhere from romantic to tragic. The wholesome meat of to-day becomes the poison of to-morrow, while some now despised viand may at the next visit be a longed-for delicacy.

Scientific diagnosis is being well taught at present by practically all the medical colleges. Each institution is vying with the other in furnishing thorough laboratory and clinical instruction, so that every medical graduate who lives up to his opportunities is amply equipped to diagnose disease as it comes before him. I am also glad to observe a healthy revival in therapeutic instruction. The belief in the efficacy of many forms of therapeutics—drug and otherwise—has been much undermined by the German school of therapeutic nihilists, aided and abetted, I regret to say, by one of our most eminent American physicians, who has recently taken up his abode in England.

Etiology, pathology, morbid anatomy, and symptomatology of disease have their essential place; but what the patient is interested in is the treatment and prognosis. When I read page after page of pathology, etc., and finally find the treatment briefly and inadequately expressed in a few lines, I feel that I have asked for bread and been given a stone.

Differential diagnosis appeals to the average lay mind, even though it be an intelligent one, about as much as the anatomic difference between a dinosaur and an anthropoid ape. The question "What is the matter with me, Doctor?" is overshadowed by the more pointed ones "How long shall I be sick?" or "Shall I get well?" and the doctor who gets busy at once doing something, whether it be an important therapeutic procedure or only a measure to relieve symptoms and render the patient more comfortable, until he can learn "where he is at," acquires an immediate influence not to be despised.

Far be it from me to decry any of the niceties of diagnosis, or the judicial poise of mind necessary to correct discrimination, where lines of diagnostic demarcation