

the written letter of the law, is that whatever curriculum a student enters under he has a right to complete his course. I think that is an established rule at all colleges. I think the opinion given by Dr. Bergin on page 201 of the announcement is good, and the Council will fully understand that is the custom and that they intend to be governed by it.

Dr. Moore moves, seconded by Dr. Orr, that the Finance Committee be required to place before this Council, at the earliest possible moment, a full statement in detail of the finances of this Council as they were on June 1st, 1892; and an estimate of the receipts and expenditures for the year ending June 1st, 1893. Carried.

(To be continued.)

Selected Articles.

OUR MISTAKES.

The man who makes no mistakes seldom or never does anything worthy of note. Life is so closely interwoven with tentative efforts on the part of these who keep its machinery in motion, that it would be strange indeed if mistakes were not often made. As experience, often dearly bought, on the part of both doctor and patient, is our best guide amidst the pitfalls which surround us, I think it is a most profitable task to go over the ground of our past experiences and gather up the lessons taught us by our failures and mistakes. A great general was once found making a careful survey of the field of a battle which he had won. On being asked what he was doing, he said he was *studying his mistakes*—a lesson well worthy of our imitation. Our mistakes may be divided into (1) those which can and ought to be avoided by every intelligent, well taught, and experienced practitioner; (2) those which can only be avoided by an unusual amount of experience and insight; (3) those which no amount of care, experience, or insight would enable us to avoid. I shall give examples of these as we proceed. In disease nature is forever making fresh experiments before our eyes, and we are to watch how she varies the experiments lest its many variations from the normal type of the disease mislead us into a false diagnosis. Each disease varies as much in expression as the human countenance. In my experience no two cases are exactly alike. What is described as a typical case exists only in the imagination of the writer of a text-book or a lecturer to his class. This typical case is like the archetypal vertebra, which exists only in the brain of the anatomist; all real vertebræ are, like all real diseases, variations from the typical. To push the analogy, just as the skilled anatomist can am-

plify the most rudimentary vertebra into one possessed of all its parts, so the skilled physician can grasp the true nature of a case and build up a diagnosis from the faintest indications; and, further, he can simplify and reduce to order the most irregular and complicated manifestations of a difficult case. It is by the exercise of this constructive faculty on the one hand, and by that analytical faculty on the other, that our difficulties are to be overcome and our mistakes avoided.

With regard to the first class of mistakes—namely, those which ought to be avoided—let me remark that the best of us will sometimes be caught napping. "*Nemo mortalium omnibus horis sapit.*" We somehow get on the wrong scent in a case, and becoming occupied by a train of minor symptoms, miss its main features; or we are the victims of a preconceived opinion, and it shuts our eyes to facts which would be patent enough if we brought an open mind to the case, I shall give one or two illustrations of the kind of thing which occurs. There is no more common source of error in diagnosis than the subtle development of hydrothorax or empyema after an acute illness. When these diseases arise from an attack of pleurisy pure and simple there is little fear of their being overlooked—in fact, they are then often diagnosed when they can hardly be said to exist. But when they supervene on another acute illness, such as typhoid or scarlet fever, the practitioner is liable to miss their existence, and to attribute the rapid breathing, quick pulse and fever, to some other sequelæ such as tubercular disease, bronchitis, or albuminuria; yet the faintest suspicion would lead to the easy detection of the true state of affairs. The immovable chest wall, the absence of respiratory sounds, the dullness on percussion and the absence of vocal fremitus, are indications too clear to be easily mistaken. The mistake arises from want of suspicion or want of alertness, or from a want of care in making a thorough and frequent examination of the patient.

"Strip him!" is a motto which ought to be engraven on all our minds. This brings me to another source of error; that is the want of a thorough examination of the various canals and cavities—the mouth, the throat, the nares, the ear, the rectum, the generative and urinary tracts, etc. I need not say that I refer to an examination by all the specular aids we possess. No small number of failures and mistakes arise from this inattention to this point. Let me give one or two illustrations. Whenever we are at a loss to account for a high temperature, the throat should be examined. There may be a good deal of mischief there without any complaint on the part on the patient. I well remember being called to two consecutive cases—one of supposed pneumonia, the other of