There is, perhaps, another class of medical men who are apt to fall into errors, not from carelessness or ignorance, nor from too much caution or over-confidence. Rather they are men of argumentative ability, of subtle thought, and of much learning, prone to search for hidden and remote causes when plain ones lay straight before them, and they are fond of constructing cunning theories when common sense and experience will easily explain all. They lack that faculty of estimating the true value of this or that symptom, that intuitive insight which may be designated as sound judgment. Oliver Wendell Holmes has illustrated this class in a very humorous way when he makes the hero of the breakfast-table consult Dr. Benjamin Franklin about a discoloration on his forehead, the result of a slight bruise; the learned young doctor examines it in every possible way, goes elaborately into the family history, hints that it may be a case of morbus Addisoni, and explains fully the nature of that disease. The patient is alarmed; but his landlady eases his mind, applies a vinegar cloth, and the disease quickly subsides. The patient moralises on the matter thus: "Science is a first-rate piece of furniture for a man's upper chamber if he has common sense on the ground floor; but if a man hasn't got plenty of good common sense, the more science he has the worse for the patient."

I well recollect some years ago visiting a case for a medical friend now diseased. The patient was rich, indolent, lived in a fine house, and fared sumptuously every day; he had a swelled and inflammed foot, and putting these conditions together, my friend informed me that it was a case of gout Probably the aspect of things had altered somewhat between his visit and mine, but it was obviously not gout at all, but ordinary phlegmonous cellulitis, which spread up the whole limb and ended in supparation and sloughing of the cellular tissue which nearly cost the patient his life.

Let me, however, advert briefly to one or two of the diseases, which in my observation have been most frequently overlooked or mistaken: and I would give the first place to diabetes, a disease which manifests itself with so few objective symptoms and in such a variety of ways. Cataract; as we well know, is often the accompaniment of diabetes, and I have heard Sir W. Bowman say that he had in a vast number of cases recognized diabetes—before unsuspected—by the peculiar appearance of the opaque lens, The coexistence, too, of boils, and carbuncles and of gangrene of a toe or finger—or even of suppuration of a joint of a toe or finger—with diabetes is common and familiar enough; and I have seen quite a number of cases of so-called prostatic disease in old men in which the frequent micturition depended not on the readily suspected hypertrophy of the gland, but simply on the fact that, having a large quantity of urine to discharge, the bladder required frequent relief, and it is well to remember that this large quantity of urine and frequent micturition, though commonly due to ordinary diabetes, is occasionally the effect of diabetes insipidus. So, too, the coexistence of diabetes and lithic acid gravel and stone is not uncommon, and should be borne in mind, for the combination is formidable, and may prevent the cure of the otherwise curable stone.

The mention of stone leads to the remark that next to diabetes the presence of stone in the bladder is perhaps most frequently either overlooked or undetected. There is no surgeon living—no matter how great his experience and his manipulative skill may be—who does not occasionally fail to detect a stone that exists in the bladder. I plead guilty to this myself, for I have had it brought home to me, aud have felt not a little chargin and self-reproach at my shortcoming. I am not going to describe the various methods of sounding for stone, but I wish to allude to one source of mistake only, which I have met with over and over again. I can best illustrate it by a case. A London hospital surgeon who was spending his holiday on the coast near Cromer met with a sturdy old fisherman who had all the symptoms of stone. He induced the man to go to his London hospital, but he was surprised that, when there, no stone could be detected; he examined again and again, and called in one or more of his colleagues, and eventually sent the patient home with the opinion—afterwards expressed to me—that malignant disease of the prostrate was probably the cause of his symptoms. Yet this man had a stone which was successfully removed by lithotomy in the Norwich Hospital, and the explanation of failure to find it I believe was this: the patient was a tall fat man, aged 72 years, with an enlarged prostrate, and the bladder was very deeply placed and distant; an ordinary sound would go to its usual extent, and could be partially rotated, but I soon found that it required considerable further introduction and even to push back the flexible part of the uthera on the sound in order to reach the bladder; when it was reached, the stone could not be missed, but I have no doubt that my London friend had never passed the sound fully into the bladder, but had only examined the deep prostatic sulcus, and the limited movement of the sound he probably attributed to a contracted bladder.

I am warned by time that I must forego the mention of the mistakes and difficulties which so frequently occur in the diagnosis of tumours; whole chapters—even volumes—could be usefully written on such a subject; so, too, on the detection of feigned diseases, but I will conclude with the mention of one of the latter kind which has found a place in the standard literature of surgery.