

to us to consider. He suggested a rare condition which neither of us had ever seen, but we felt that consideration of it should not have escaped us. We were in a very humble frame of mind until the operation showed that our diagnosis had been right. It was so principally because the rare condition had not come to our minds. The moral of this is not that ignorance is an advantage. But some of us are too much attracted by the thought of rare things and forget the law of averages in diagnosis. There is a man who is very proud of having diagnosed a rare abdominal disease on several occasions. But as for some years he made this diagnosis in every obscure abdominal condition, of course being nearly always wrong, one cannot feel that he deserves much credit.

You may say, and properly so, that this address has dealt with simple things. But it is the simple things which require to be kept constantly before us and which must form the foundation of our diagnostic ability. I feel very strongly that it is the duty of teachers of medicine to insist on their students learning the simple clinical methods thoroughly and to impress them with the view that nothing can take the place of our own powers of investigation. The advances on the laboratory side and the perfection of instruments have added much to our powers of diagnosis, but they have given some men the idea that they are everything and the use of one's eyes and hands is looked on as old-fashioned. The man whose first idea in an obscure thoracic case is to have an X-ray plate taken and who cannot "bother" with physical signs does not deserve the name diagnostician. The safety with which the abdomen can be opened has led many men to neglect the principles of abdominal diagnosis for the short cut of an abdominal exploration. Many men are not willing to make the effort to arrive at a diagnosis by more laborious methods. Two examples of this are in my wards at this time; one man has had three abdominal sections in the effort to discover the source of his abdominal pain which a thorough physical examination would have shown to be a spondylitis with referred pains; the other has tabes with severe gastric crises, and his abdomen was opened by a surgeon who made the statement that a laparotomy was the quickest way to make a diagnosis. It was not in this case. To my mind accurate habits of working and thinking are a great safeguard against these supposed short cuts to diagnosis.

It is easy to criticize and point out the faults of others. The more we study our own errors the more sympathy we have for the mistakes of others. We should all have the desire to