

time he had been under the care of Dr. — (now deceased). He complained of nausea, pains in various parts, particularly in occipital region of the head, weakness, etc. Notwithstanding treatment, his symptoms continued unabated. One day as he was in a neighboring town, he happened to meet a doctor with whom he was well acquainted. The doctor friend remarked that he (the patient) was not looking well, put his finger on his pulse, and at once asked him if his doctor had examined his urine. He said, "No." Said he, "When you return home, ask him to examine your urine." He did so, and to the astonishment of both doctor and patient, the urine was found to contain a considerable quantity of albumen, casts granular, hyaline, etc. From a case such as this we may learn to have the motto, "Examine the Urine," ever present to our minds. May we not also learn the importance of the pulse as a factor in the diagnosis?

Another common source of error is pain in the lower extremities, due to pressure in or about the pelvis. The pain is described as neuralgic, while its true source is unsuspected. A couple of examples of this occur to me. A doctor who enjoyed a large and lucrative practice, and very deservedly so, diagnosed a case of disease of the sacro-iliac synchondrosis as sciatica, because the pain was referred to the course of the sciatic nerve. How a gentleman of his varied experience and shrewdness could have made this mistake in the face of other symptoms that were present, is to me a mystery. He saw the patient several times, and never even suspected the true nature of the case till a short time before death.

A few years ago I was asked to see a case in consultation. The patient was a woman who had been confined some weeks previously. For some time she suffered excruciating pain in one leg. Her medical attendant had diagnosed sciatica. When I saw her, she had a high temperature and other marked constitutional symptoms. The leg was flexed on the thigh, and the thigh on the abdomen. Movement of any kind caused severe pain. This was a case of pelvic cellulitis, which ultimately proved fatal.

In both of these cases the mistake was quite unjustifiable, and cannot be accounted for, except by the grossest carelessness on the part of the medical attendants, as in professional attainments

and experience they were much above the average practitioner. The lesson to be learned from these two cases is the importance of determining in every case of pain in the course of the sciatic nerve, whether or not it is primary or secondary to some affection of the pelvis or the cord itself. Still another source of error of diagnosis is to be found in the detection of infectious diseases.

No doubt there are a certain number of doubtful cases about which the most careful practitioner cannot be confident. Errors of diagnosis do not, however, always occur in difficult cases.

During my attendance at the hospital last winter a great many cases were sent in certified as diphtheria, and were accordingly sent to the infectious ward. Quite a proportion of these cases were suffering only from follicular tonsillitis, and should never have been sent to an infectious ward. Occasionally a much more serious error is made, viz., treating a mild case of diphtheria as one of follicular tonsillitis; consequently the patient is not isolated, and other members of the family frequently contract the disease, which in them might assume a much more malignant type than in the one first attacked.

Let us learn the lesson that where there is the least room for doubt in any infectious disease, we should always isolate the patient till such time as doubt no longer exists.

Another common and dangerous mistake is to call epidemic rose rash scarlet fever. Children are thus supposed to have had scarlatina; subsequently all necessary precautions are not taken to prevent the recurrence of this disease. I have frequently heard of children having had second attacks of scarlatina, but I have never yet in my own practice seen a case of true scarlatina which has been followed by a second attack.

In a short paper such as this I cannot hope to do more than mention a very few mistakes. Did time and opportunity allow, I might prolong this subject almost indefinitely, but I do not wish to be tedious, and therefore must close; but before doing so I would like to call your attention to a couple of errors that are probably not so common.

The diagnosis, "worm fever," is frequently made by old women, but I can scarcely think it is ever now made by practitioners. I can well remember having made this diagnosis more than once, not that it really satisfied me, but because I was ignor-