

have for years been in the enjoyment of large practices, and who at one of the meetings of this society, when the subject of Empyema was up for discussion, stated that they had never had a case of empyema in their practices, must have probably more than once made this same mistake.

A few years after the case above related, I was asked by a doctor in a town in which I then lived to look after his patients during his absence from town for a few weeks. Among other patients was a child aged two years, who had had an attack of measles. The child did not convalesce well, but continued feverish, had a dry hacking cough, and became very much emaciated. The friends were told that the child had phthisis, and that he would not recover. When I first called to see the child I asked the mother to strip him. To see the child stripped was almost to make a diagnosis. One side of the chest was bulged and immovable. Physical examination revealed dulness, absence of respiratory murmur, etc. I aspirated the child's chest for a few times at intervals of about a week, drawing off considerable quantities of pus at each operation, and when the doctor returned, to his astonishment and chagrin he found his patient almost completely well.

I have within the last two years seen two cases in consultation: both had suffered from pneumonia, and instead of convalescing as these cases usually do, they remained feverish, were breathless, especially on exertion; had dry, hacking cough, and on examination had all the physical signs of pleural effusion. In both cases the real condition was unsuspected till suggested by myself. Both were cases of empyema: both rapidly recovered after operation.

Some few years ago a young man came to my office complaining of pain in the epigastrium and loss of appetite. Without an examination I took it for granted that he was suffering from dyspepsia, and prescribed accordingly. In about a week he returned, saying he was no better, but weaker. I never questioned the diagnosis made at the first visit, but I thought I had prescribed the wrong remedy: consequently I changed the prescription. A few days later his father came to see me, and said, "David is no better: he is steadily growing worse: unless you can do something for him, I fear he will not recover." I visited the young

man at his home, found him up and dressed, but so breathless that he could scarcely walk across the floor. As I looked at him, it flashed across my mind there was something wrong with his chest, and I then did what I should have done when he first visited me—stripped him. A few minutes' examination readily convinced me that one side of his chest was full of fluid. I returned next day and drew off eighty ounces of serum with the aspirator. If I had kept the motto, "Strip him," before my mind, I could not have fallen into this error. No longer than last week I would have made precisely the same mistake had I not remembered the motto, "Strip him."

I commenced the practice of my profession in a malarial district; nearly everyone suffered from ague. I was myself no exception to the rule. A young man on one occasion visited me, and complained of suffering from recurring chills and fever. I at once jumped to the conclusion that he had ague, and prescribed quinine. He returned a few times, reporting himself on each occasion no better. Notwithstanding this, I continued the quinine. Deriving no benefit from my treatment, he consulted a doctor in a neighboring town. I met his sister one day, and enquired as to the condition of her brother, remarking at the same time that I had not seen him lately. "Oh," said she, "you did him no good and he went to see Dr. K., who tells him that he is far gone in consumption." I felt humiliated, but tried to make myself believe that Dr. K. either was mistaken or trying to make a "mountain out of a mole hill." However, as the young man died shortly afterwards, I was forced to believe the mistake was mine, not Dr. K.'s. Had I remembered the motto, "Strip him," and acted upon it, I might have saved myself this error. For a long time I thought that no person but myself ever made such a dreadful error. However, I find that Dr. Osler in his "Practice of Medicine," says: "In Philadelphia it was very common to have patients sent to the hospital supposed to be suffering from malaria, who had well developed signs of phthisis.

Failure to examine the urine often leads to errors both in diagnosis and treatment. To illustrate: A couple of years ago I was called to see a gentleman who gave me the following history: He had been ill for several months, during which