

Pain in the side; high temperature; labored respiration; dullness on percussion; decreased vocal fremitus; indistinct respiratory sounds. The character of the percussion note and the absence of resistance, the decreased vocal fremitus and the indistinct respiratory sounds, roused the suspicion that we had to deal with an Empyema, and not a Pneumonia. The hypodermic needle was passed, pus was obtained and our suspicions were confirmed. A free opening was made and the cavity drained and the child made a good recovery. The next case was that of a young girl. Pneumonia was the diagnosis. Being suspicious the needle was passed and no fluid was obtained. Still relying upon the evidence obtained by physical examination the needle was again passed lower down, and pus being obtained the diagnosis of Empyema was made. The third case has already been referred to—a middle-aged woman. Judging by the symptoms and the physical signs Pneumonia was diagnosed. The needle was passed—no pus was obtained. Another trial was made and the diagnosis of Empyema confirmed. This patient died, and, as I have said, the post mortem revealed the fact that the pus was contained in pockets.

The fact that such mistakes have been made induced me to call attention to some of the means of making a differential diagnosis between these two conditions. I am fully convinced that either of the gentlemen who were connected with these cases would not have been in error in their diagnosis had they made use of all the means at their disposal before giving their opinion as to the nature of the disease. The trouble with, perhaps, all of us is that we are liable sometimes to make our diagnosis on incomplete evidence. We make our examination and find much that points to a particular condition and conclude that we have to deal with a case of that particular disease, whereas had we gone further and obtained more evidence we would have arrived at a different conclusion. While it is undoubtedly true that a certain amount of experience in making examinations of the chest is requisite to enable one to differentiate Pneumonia from Empyema, I am fully of the opinion that no one, however expert he may be, ought to make his diagnosis without having first made use of all the tests that are available. In the cases I have referred to the gentlemen who diagnosed Pneumonia were competent physicians, but had made the diagnosis on incomplete evidence. I would repeat again (and it cannot be repeated too often) in making a diagnosis let us use every means at our command to get evidence before we give our opinion, and we will avoid being put in the unpleasant position of having to alter our diagnosis or of having it altered for us by another physician who has been called in consultation.

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