rubric of typhoid fever a multitude of affections which deserve very different names.

True typhus is distinguished by the absence of the follicular enteritis, by the initial stupor, and the petechial eruption.

Eruptive fevers are obscure only at the outset. Variola has its rachialgia and vomiting, scarlatina its angina, measles, coryza and epiphora; these, with the aid of a knowledge of the prevalent epidemic, will enable us to predict the form of the eruption.

Intermittent or better, *paludal* fevers, exhibit no symptoms during the interval, unless there is swelling of the spleen, or indication of paludal cachexy. Paroxysms of intermittent are recognised at once by the characteristics of their three stages, cold, hot, and sweating. But the remittent, or pseudo-continued fevers of hot climates have deceived many observers, and probably will often deceive hereafter, notwithstanding the admirable researches of our physicians in Algeria on "quinine fevers"—*fièvres a quinquina*.

As to the cachexies, apart from profound organic lesions, their signs are external. We mention only the diaphanous pallor of chlorosis, the lividity of scurvy, the ecchymoses of purpura, the doughy puffiness of scrofula, the yellowish-green hue of the cancerous cachexy, the tawny yellow of the miasmatic infection, the sallow leaden hue of constitutional syphilis.

The reader who has followed attentively this rapid and imperfect review of the principles and means of ready diagnosis, will be convinced that those cases are rare in which a long interrogatory is requisite in order to arrive at a correct notion of a disease. We should rely as little as possible on the frequently fallacious data elicited by simple interrogation, in my opinion, and my whole secret consists in proceeding straightway to a knowledge of the seat and duration of a disease, and at once examining, by physical exploration, the diseased organ or organs, so as to bring into relief the most striking and characteristic symptoms.

A few examples from everyday practice will complete the demonstration of my thesis.

A patient complains of a stitch in the side of several days' standing. I place him on his seat, and, my ear to the chest, bid him count aloud—well marked egophony—*pleurisy* then. A moment has sufficed to elicit the diagnosis, which is presently corroborated by other means of investigation.

A patient has stitch in the side, fever, cough without sputa, postero-inferior dullness on percussion, slight tubal breathing; the vocal resonance is equivocal. Some of the attendants say *pleurisy*, others *pneumonia*.