

ful source of error, and another cause of the inefficiency of the treatment usually adopted.

The complaint, in almost every instance, is not marked by any prominent symptoms. The patient seems to enjoy his usual health, and there is nothing in his outward appearance to indicate the commencement, or even existence, of a malady, which, if allowed to proceed unchecked, becomes most formidable in its results, and shows the necessity and importance of a correct diagnosis; in proof of which, I will merely transcribe what Dr. Elliotson, of the London University, states in his lectures:—"These cases are often mistaken for rheumatism; and it is not an easy matter to make the distinction in the first instance." And again: "Before seeing so many of these cases, I have been deceived, and supposed that there was nothing more than rheumatism, and frequently put down lumbago, when the case turned out to be one of psoas abscess. I could make no impression on the disease; the patient has gradually sunk, until at last he has died,—and on the autopsy, a collection of matter has been found." Here, it was very evident, the disease was not suspected until after death, when dissection proved its nature.

If such a man as Professor Elliotson, whose eminence in his profession, and whose talents, are universally acknowledged, admits to have been himself frequently deceived, it is surely of the utmost importance to use every precaution in diagnosis, and to remember the advice he has given on the subject, viz.: "It is, therefore, a rule with me, whenever a patient complains of any symptom whatever, to investigate that symptom to the bottom,—to look round, and see whether there are any other circumstances about the patient, showing that the symptom is trifling or something serious." And yet mistakes are daily committed for want of this proper scrutiny.

The weakness in the back and loins,—the fatigue in walking,—the dull pain generally felt in one point, but sometimes shooting to the thighs and loins,—are referred to rheumatism, lumbago, neuralgia; or, if in a female, to hysteria or deranged menstrual function. The disease is treated in the dark: tonics, steel, wine, antispasmodics, and occasional laxatives, are administered—the usual routine of some practitioners; who, without giving themselves the trouble of thinking, inquiring, or examining into all the symptoms, seize some one of them, give it a name, and treat it according to the most approved methods described in books.

The patient may or may not derive benefit from the treatment; the physician rests satisfied with the correctness of his first opinion,—considers it of no consequence, and tells the patient it will disappear with the warm weather. The disease, in the mean time, progressively