tuberculosis. The case may be amenable to treatment directed to the real cause of the symptom complex. Always exclude possible cardio-renal conditions in such patients.

Remember pneumonia and its sequelæ as a possibility. One sputum examination, either positive or negative, is not sufficient.

Dr. Ash, of Harvard Medical School, investigated the autopsies in about 200 cases in the Boston Consumption Hospital at Mattepan, and 23 cases, or over 11 per cent., proved to have had no active T. B. lesion. They had been sent to the institution by practising physicians. Eight had died from the sequelæ of pneumonia, 5 from chronic cardio-renal disease, 2 from oartic aneurysin, 5 from malignancy, 2 septicæmia, 1 from actinomycosis.

This roughly applies to investigations from several other institutions.

Many misconceptions are formed by an opinion based on the apparent evidence by missing the true condition by a more or less narrow margin. It has been contended that being near the condition is not usually a dangerous error, because it is better than far away; but being near is not sufficient, unless pointing to the truth, and always, as you well know, parallel lines never meet.

A common illustration is the term para-typhoid fever. Have you ever observed a case with continued fever, frontal headache, dirty tongue, growling bowels, abnormal defecation, and negative widal well on in second week, temperature gradually falling by lysis, and, at the end of third week, the whole condition clears up, leaving practically no trace of its ravages? Vice versa, la grippe, for real typhoid fever may prove detrimental, both to the patient and the community. Some years ago I knew of a case of typhoid fever running an apparently natural course which two physicians placed into ice packs, to bring down a supposed fever reaching, according to three thermometers, 112 degrees. The temperature dropped and the patient by good fortune recovered. This case was reported in the *Journal of the American Medical Association*. The attendant, in taking the temperature, had passed the thermometer over a hot water bottle, previously placed between the patient's knees and obscured from the view of the two physicians present, and who subsequently had the patient placed in the ice pack.

Lobar pneumonia and pleurisy are often mistaken for each other. This is seldom costly, because they are of identical location and changes are promptly noted. The physician may, however, become subject to censure, if, having given a favorable prognosis on the basis of pleurisy, he is called upon to explain the symptoms of perhaps a fatal pneumonia.