

titis). Biliary colic almost invariably indicates the presence of calculi. The kidney suggests analogous considerations; disorder of the urinary secretions, these symptoms elicited by careful palpation; nephritic colic results especially from renal calculi. In regard to the calculous concretions of all sorts, the only irrefragable proof of their existence is their exhibition. We know that surgeons often diagnosticate vesical concretions when none are present, and overlook them when they exist. Quite recently an error of this sort has given me great perplexity: A woman duly convicted of cancer of the liver (nodose liver, cachectic tint, etc.) presented, in the region corresponding to the fundus of the gall-bladder, a tumefaction, in which palpation detected distinctly a rumpling (*froissements*) which all the attendants attributed to a collection of gall stones. At the autopsy, no swelling was found, and the gall bladder contained no calculi. Be wary then in your diagnosis, even when it is founded on physical examination! Verily our science admits only of probabilities!

GENITAL APPARATUS.—Most of the diseases of the genital organs of the male belong to surgery. So, likewise, do those of the external organs of the female. The uterus is disputed territory. I cannot here enter into the details of uterine pathology. I will simply say that inspection and palpation will inform us in regard to most of these diseases, and that a host of deplorable errors would be avoided, if practitioners would have the firmness to have recourse at once to direct examination.

GENERAL AFFECTIONS.—There are two great classes of diseases, which are considered insusceptible of primary localization, the *fevers* and the *cachexies*. In the first category, we have the so called essential fevers, the eruptive fevers, and intermittent fevers.

The essential fevers, among us, may be reduced, now-a-days, to the single affection known as typhoid fever, and thought to be constituted by three capital elements: fever, typhoid state, and follicular enteritis. Singular, that of these three elements, the most palpable and constant is also the most contested! For those who are not blinded by their passions or prejudices, the intestinal lesion being the anatomical character of the disease, the diagnosis of the typhoid fever should consist essentially in the determination of the follicular enteritis; for the febrile state and the typhoid state may both be wanting. Our attention should be first directed to this point; but it is often an obscure one, for the intestinal lesion has no pathognomonic sign. We must often rely on the group of phenomena, without thinking less of the value of the local signs, or failing to look for them carefully. Thus will be avoided a host of errors, such as are daily committed by practitioners who claim under the