

To return to the point. We are not so foolish as to decry the methods by which we are led step by step through this most intricate of sciences ; but, dear teacher, could you but know how implicitly we rely on your every word, you would sometimes warn us that "it is not ever thus" these symptoms, one, two, three.

We leave the college halls with our roll of parchment tucked under our arm and a cranium full of theoretical knowledge, albeit good of its kind ; with our hat jauntily pushed over one ear we start off at a brisk pace and have hardly reached the corner, metaphorically speaking, when we trip and fall into the mud puddle of error, soiling the pretty clothes "Alma Mater" has just put on us ; we scramble out, dry ourselves as best we can and start anew, not quite so dainty or egotistical, but withal wiser and more practical.

A professor of ours once said : "If, in a case of suspected pneumonia, the temperature does not fall on or before the tenth day, your diagnosis is wrong." While this is no doubt true in a majority of cases, in very many cases, particularly in the old or debilitated, the temperature may remain up for three weeks, or even longer ; when, if the patient survives, it will subside by easy stages. Now, my student readers are on the alert, they say : "Pneumonia always falls by crisis." Not *always* though ; very frequently it falls by lysis, especially in such cases as the aforementioned.

I know of no acute disease which is more likely to deceive the young physician than lobar pneumonia in the aged. Its onset is often so insidious, its characteristics so ill defined, so different from what we have been taught to expect, that a word of warning to the new beginner is not out of place.

The text book speaks of the initial chill, the full bounding pulse, high temperature, the painful cough, rusty sputum and the crisis, and the student becomes so imbued with these ideas that they seem inseparable from pneumonia. You are called to a case—an old woman say sixty-five years of age. She says she has been feeling chilly, has felt ill for two or three days, perhaps she has a slight cough, no expectoration, temperature may be 100° or 101° Fr., pulse is rather rapid but not very full, certainly not bounding, she has no pain. Wise is