as overlooking wax as a cause for deafness; or a tumor in the abdomen, following confinement, as acute metritis when it was due to retention of urine. Ignorance of fundamental facts, ignorance of rare condtions, and ignorance of recent progress in medical science. Second, poor judgment, too, is a factor in making errors. Pregnancy *when not present,* and pregnancy *not* existing when such is *true,* are errors of judgment always to be regretted. A child, merely deaf, is diagnosed as mentally deficient; bad judgment, of course. Third the error of obsession, the syphilologist sees in all lesions the unmistakable ravages of the spirochæta pallida. The mental specialist sees a case of dementia praecox because the patient was a Barnardo boy or butt of the village. Fourth, anatomical errors are frequent appendectomy to remove a low down distended appendix to prevent rupture, when an ovarian cyst is the offender, and vice versa, appendectomy for stone in ureter. Appendectomy advised at once for ruptured appendix, when a gall-stone was the essential and only trouble. Appendectomy for gall-bladder sluggishness, etc. Mayo, Murphy and others have repeatedly stated that many needless operations are done. Difficulties in the case itself, X-ray plates show shadows that might easily be mistaken, such as gall-stone for stone in right kidney, or a calcified gland. Small shadow of stone in bladder, size of a pea, when it was size of large walnut, caused the useless application of the lithotrite. Fifth, self-esteem has caused mistakes in not consulting with others; and, last but greatest of all is, I am obliged to admit, due to incomplete examination. Nearly all avoidable blunders are due to this cause. Lack of time may be the excuse, or, worse, laziness on the part of the physician himself. Countless laboratory results are false or misleading, due to laziness. I know of a case that was passing through a course of typical malarial fever, whose chest the physician in charge was pounding daily to find possible tuberculosis, and examining the spleen for a possible cause of the ailment. The blood had been pronounced normal by the pathologist in question, when, at the same time, it was teeming with plasmodia. Another case, urine ordered examined in case of stone in urinary bladder, and patient having but one kidney. No pus, and only a slight trace of albumin was reported, while pus poured from the urethra. I can merely judge this case on its merits.

Some patients, however, object to complete examination, but this is a poor excuse. Much better to tell the patient to go elsewhere. Your reputation is of more importance than a single patient.

Do not pronounce a patient showing progressive loss of weight and strength with cough, expectoration and even hæmoptysis and abnormal physical signs in the chest, as necessarily one of an advanced stage of