also is largely distinctive, appeal to one's clinical instincts and over-rule the pathologist's negations.

That many people have typhoid in mild form and work throughout the disease I firmly believe. That others have so mild a course that we misdiagnose it, is a truth most will admit, and lastly, that the more severe cases of all intensity are those with the most definite signs, clinical and pathological, is the common fact we all agree on.

The second common disease we misdiagnose is scarlet fever, and to show my ground for this let me state that in one distant hospital I saw a case visited by six specialists—of these, three said scarlet fever typical, and three said definitely not.

However the point I raise here, I may briefly state, and that is that while scarlet fever is due to a probable streptococcus infection and to a definite type of this family and one that is highly infectious, yet there are other streptococci related, just as the para typhoid is to the typhoid germ, which will produce like symptoms and a rash which is probably so similar that the "Fathers" themselves cannot distinguish it, and yet the cases are of mild or non-infectious nature.

Cases following nasal operation frequently develop such a condition and again whenever infection of streptococcal origin is present on the hand or finger, etc., general scarlet fever rash may occur.

But most difficult of all are those cases, all too common of influenza so called, but which in truth are tonsillar infections by cocci in which a scarlatinal rash appears. Over and over again you hear it said, " Oh, she had a severe influenza with a scarlatina rash."

By this is meant there was sore throat, infective pains in the limbs, head, headache, etc., and that therewith was associated a rash. One must use every possible element in diagnosis in separating the typical scarlet fever from pseudo types in order to save one's patients from long isolation.

In conclusion here let me say that by the greatest care it is usually possible to diagnose by the etiology, the clinical picture, and, unfortunately, finally by the subsequent history between true scarlet fever and pseudo scarlet fever due to allied organisms. In the mild enteric cases the bacteriologist confuses us by declaiming his negative findings, and here he is similarly of no assistance, owing to his failure to capture the distinguishing germs.

My final disease is to refer to a doubt in the bacteriological diagnosis of diphtheria and to again lay stress on the feature that ever impresses me, namely, clinical experience is supreme and bacteriological examinations must be of great importance, but not determination in diagnosis.