quasi-puerperal fever—in each of which I found that diphtheria was the true cause of the illness. Within a very short time a gentleman called on me, with an apparently feverish cold. As he did not get well, he asked me to call on him ; and I, thinking his symptoms were due to the above cause, handed him over to the care of an exceedingly acute local practitioner, who discovered at his first visit that our patient had a diphtheritic throat. Most medical men will agree that such mistakes are not uncommon, and we need to add to our first motto, "Strip him !" another equally golden rule —to examine the canals and cavities. Another illustration may be added. A short time ago I was asked to see a child suffering from obstinate hæmorrhage from the bowels, and I said at once, "I shall find a pediculated polypus in the rectum," which was found and detached at the moment. My experience at the Children's Hospital had taught me this lesson years ago.

A further illustration still occurs to me. A gentleman whose name is now a household word throughout the world called on me in great alarm on account of an attack of blood spitting, which came on while he was dressing. I saw a good deal of blood on his handkerchief, and on examining his chest heard, or thought I heard, rough breathing and fine crepitation over the left apex. I told him this, and treated him accordingly. On going to his shop he, knowing something about dentistry, looked into his mouth, and discovered that the eeding was from a spongy gum, which he had oubtless lacerated with his toothbrush. I need not say that he lost confidence in me, and I lost my patient. Time would fail me to make further remarks on these casual cases, where mistakes are often made for want of thought and care.

I will now relate a series of cases of cancer where a diagnosis was only to be made by an unusual amount of care, experience and insight ; and if I seem to be egotistical by taking praise or blame to myself, I trust my unintentional fault will be pardoned. I am going almost entirely on my own experience, and I am thus compelled to speak of myself oftener than I like. Cancer of the internal organs rarely fails to puzzle us at the outset, and a diagnosis is seldom made until the disease has made considerable progress. In the absence of distinct physical signs, and with only subjective symptoms, such as pain, to depend on, we are very liable to be landed in a grave difficulty of diagnosis. If we suggest there is, or may be, maligant disease, the responsibility is great ; if we risk an opposite opinion the responsibility is equally great, as the sufferings of the patient are often urgent and demand an explanation. Mistakes can only be avoided here by the utmost caution and the most watchful investigation. There is, however, one feature about these cases which occurs to me when I look back on a long series of them. It is this, that most of them have given at a somewhat early period just the faintest hint of what is going on. I have often felt too late that a wise interpretation of this or that faint hint would have saved me and others from the ignominy of being from being forestalled in our diagnosis by someone else. It is easy to name a full-blown flower, but difficult enough when that flower is in bud. I shall now give an experience founded on five cases of internal cancer, which will illustrate my meaning.

Some years ago a case occurred in the practice of the late Dr. Douglas of Gateshead, in which the chief, and for a long time the only symptom was pain in the tibia. The man was emaciated and suffered intensely. He was seen by two or three physicians and one or two leading surgeons. None of us could form a diagnosis. There was no swelling, heat, tenderness, or alteration in the shape or appearance of the limb. At length some softness and shining of the skin marked the seat of pain, and even then grave doubts were entertained as to the nature of the disease. Within a few days of his death I was called to see him again, and I found he had expectorated some currant-jelly-like matter ; but even this failed to suggest a true diagnosis, and so the man died of "no one knew what." Meditating on this case, it all at once flashed into my mind that the red-currant-jelly expectoration was a hint of the case, and that the man had doubtless died of cancer of the lung, following or accompanied by malignant disease of the leg. I felt that a serious error by default of diagnosis had occurred, and was much humiliated thereby.

Not long after this I was called to see a case in Weardale, and was told on arrival that the patient was suffering from congestion of the lungs. The expectoration, which was shown me before I examined the patient, at once convinced me that this was a case of cancer of the lung. There were, however, no physical signs ; and on mentioning my conviction to the medical attendant he was very sceptical, and threw on me the enormous responsibility of giving an opinion based on the one isolated fact of currant-jelly expectoration. I therefore re examined the chest and discovered a cancerous nodule in the right mammary gland, which of course set the diagnosis at rest. An unfavorable opinion was given, which soon afterwards proved mournfully correct.

A short time after this I was called, with my friend, Dr. Adam Wilson, to see the married daughter of the above lady. We were informed that her arm had been amputated above the elbow by Sir Joseph Lister for disease in the forearm. The patient was then complaining of pain at the posterior base of the right lung, but the physical signs were faint and doubtful. We therefore reserved our opinion, but privately agreed that it