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SOME ERRORS IN DIAGNOSIS.*

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IN surveying the countless fields in medicine, on which I might write this paper, it is exceedingly difficult to choose one that might be interesting enough to warrant your appreciation of my efforts. So it is with fear and trembling that I follow the example of quality set by my colleagues. I thought what was interesting to myself might be interesting to others, consequently my choice of subject, "Some Errors in Diagnosis," although practically a *freshman* in general practice, compared with many of my hearers, I have met with such glaring examples mistakes in diagnosis. The city of New York is dealing with it as an terest, if not helpful. We all make mistakes and it is often by mistakes we learn, but those mistakes must be noted by the physician, as well as the student..

This paper does not even attempt to describe all sources of errors, but shall include only a few of the commoner examples. I might first of all deal with the question why errors are made. This seems to be very important. Post-mortem findings are constantly revealing clinical mistakes in diagnosis. The city of New York is dealing with it as an important problem. Recently in London thirty-four specialists were invited to speak on the subject, keeping as far as possible within their own fields. Abrahams, of London, in the *Practitioner*, of 1914, gives a good account of these papers.

I might, for convenience, divide errors into *social*, and *clinical*. Under *social* errors, first, bad deportment; second, lack of tact plays havoc with many a physician called for the first time, perhaps to treat a patient suffering from a functional disorder, such as hysteria, psychasthenia and neurasthenia. The confidence necessarily involved for success is lacking.

Clinical errors are of many types. First of all, ignorance, such

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