diseases of the kidneys and their functions should hold a conspicuous position in every medical man's laboratory. The microscope in connection with the former I consider among the first instruments of constant every-day use, one which we will all admit has done more for pathology than any other, and if possible, to so compare them, more than all the rest together. The conspicuous position the advancement of the later part of the nineteenth century holds in pathological history is mainly due to the developments made by research with this instrument. It is an instrument which every physician should have in his possession, and not only have it but use it, use it till we become expert with it, and then and only then will we find the practical use of it. Among the rest of the instruments in daily use is our little insignificant clinical thermometer, now so universally recognized as essential to our diagnosis. In fact, there are many cases if we had forgotten to take our thermometer when we left the office we would consider we knew little about our patient's condition. And to the young physician it may be news to him that among those present are many who practised years before a thermometer was thought essential to form our diagnosis. Among other instruments of very practical use is the laryngoscope, so little used that the majority see nothing when they do use it. I have found it of great use in confirming my opinion, but must admit I am not an expert in its use, which is mainly due to want of practice. Other instruments might be mentioned not in every-day use with the town or country practitioner, as the sperometer, the dynamometer, the sphygmograph, the spectroscope and the X rays, all of which have their uses in their proper place. It would be much out of place to give you a lengthy dissertation on the use of these instruments, and the means by which we confirm our diagnosis, but for the benefit of the younger members of our association would say let it be complete, exhaustive, and, above all things, correct. Do not get rattled because some points may seem obscure, and if, after you have exhausted all the means at your command, you are yet in positive doubt, do not hesitate to call in consultation, for remember, when our diagnosis is correctly made our most important work is done. It is only by an accurate diagnosis we can anticipate the course the case will take, its probable duration and termination. It is imperfection of diagnosis which often makes us doubt the value of the remedies in use and gives rise to the assertion we so often hear, that surgery is a science; surgery is all right, but medicine is a humbug and a fraud.

I will now give a case or two of blunders I have made in my past practice, one or two that occur to my mind as landmarks on the mental horizon.

Case 1.—J. M. Agers, aged 17. I was called to see her in September, in the after part of the day; temperature 102, pulse below 100; no appetite; some nausea, and a little vomiting of bile. Had been to a picnic a few days before and was taken with headache after return. It was better in the morning, always worse about dark. I pronounced it bilious remitting fever and treated her accordingly. She became no better. The headache increased. The conjunctivas became injected. I noticed the flattened condition of the abdomen, and that the vomiting was of an easy "pour-out" kind; and it dawned on me all at once that I had the clearest kind of a case of subacute meningitis. I reversed the engine, stopped my quinine, darkened the windows, applied cold to the head, enjoined the most absolute quiet, but all the same effusion came on, delirium, coma and death was the termination.

Case 2.—In a child of 8 or 9, well marked pleura pneumonia; child belonged to healthy parents of good family history on each side. I treated it as an ordinary case for ten days, still no crisis. The child was neither