Valvular lesions.—Rude bellows murmur, disorders of circulation, œdema, cyanosis, secondary cardiac affections.

Aneurism.—(Dilatation, hypertrophy): Signs of disease of valves, dullness, præcordial fullness, disorders of circulation, respiration, etc.

Nervous palpitations.—Absence of material lesions.

The diagnosis of heart diseases, the great stumbling block of ordinary practitioners, is comprised in a few signs; but these signs are sometimes difficult to appreciate, or require, at any rate, delicate perception. The friction murmur is an expressive sign of pericarditis where it exists, and is not confounded with modifications of the bruit de soufflé. The differential diagnosis of valvular lesions would take us to great lengths. We shall not undertake to classify the signs of diseases of the blood, though they are reducible to a certain order, in which some have greater and others less significance; thus chlorosis has its characteristic pallor and vascular murmurs, scurvy its sanguineous effusions and special cachexy, etc. The subject is too vast and too much disputed for our present purpose.

Cerebro-spinal apparatus.—This chapter is the most perplexing of all, for though morbid anatomy distinguishes accurately the material lesions of the nervous system, diagnosis encounters difficulties hitherto insurmountable. Anatomically, we admit meningitis, encephalitis, sanguineous and serous apoplexy, ramollissement, diverse organic lesions, and the great class of neuroses. To these the following symptoms alleged to be characteristic, may be assigned:

Meningitis—Delirium, convulsions, then coma and paralysis.

Encephalitis.—The antecedent signs, plus contraction.

Sanguineous apoplexy.—Sudden abolition of sensation and motion, and generally of intelligence.

Serous apoplexy.—various cerebral disorders (delirium, convulsions), promptly followed by coma and paralysis, often antecedent dropsies.

Ramollissement.—Signs of encephalitis, or else more or less prompt invasion of paralysis and contraction, or else simulation of sanguineous apoplexy.

Organic lesions (tubercles, cancer, tumors).—Slow course, progressive paralysis; sometimes obstinate headache; delirium, convulsions; ultimately coma.

Neuroses (of sensation, of motion, of the perceptive organs, or complex).—Numerous and varied; usually chronic, apyrexic; not continued.

It is thus seen that the most of these affections have many signs in common, and that not one of them has an individual characteristic symptom. Yet probabilities may be educed from the grouping of symp-