

diseases of the chest are concerned. By its aid, the physician, if called at the commencement of the disease, so as to be in time to hear the crepitant rhonchus, recognises not only the nature but the actual extent of the affection. He finds that it is confined to one lung or that it has invaded both, that one lobe only is suffering or that two or three are affected. He finds it complicated or uncomplicated with disease of the pleura or of the heart. Knowing that it is in this early stage, and recognizing its limits, he hopes to be able to avoid bleeding (the evils of which he knows) and yet to have a good result. Fifty years ago the patient would have been bled because his physician was ignorant of the actual state of affairs; now, he is not bled, because, the actual condition being clearly seen, it is deemed unnecessary.

But if called to see the case at the usual time (two or three days after the invasion of the disease), what is the difference between the ancient and the modern practitioner? The former saw that the case was severe, that it was progressing, and he bled. The latter sees that both lungs are affected, that the disease has reached its second stage and that he can do better than to bleed; or he finds that it has progressed still farther, and he does not venture to use this almost certainly fatal measure.

Or, on the other hand, he hears in various parts of the hepatized lung the *rhonchus crepitans redux*, and can tell the anxious friends that the worst is over, that convalescence has begun, and that it would be a wanton waste to remove any blood from the system. The writer is confident that this case is one of frequent occurrence.

It often happens, more especially in the cases of children, that a practitioner declares the case to be one of pneumonia, when on more careful examination it proves to be one of bronchitis. Indeed the exact definition of these two affections is sometimes extremely difficult, even to the skilful auscultator. It is in making these discriminations that the discovery of Laennec is invaluable. If, in a case of bronchitis, the physician fears that pneumonia is present, he will act as though he were assured of the fact, and in olden times many a case that was not pneumonia was misnamed and maltreated, and the successful result was recorded in favour of the very admirable effect of bleeding in pneumonia. In the Parisian hospitals the proportion of bronchitis cases has greatly increased, as a result of auscultation, and that of pneumonia has declined.

And here let me introduce a word of warning as to all records of a thirty years' experience in this disease. The questions at once arise, "Are these all real cases of pneumonia? Was the observer able, thirty years ago, to recognize with accuracy the various diseases of the chest? Did he not, in the earlier years of his observations, class many cases of