

may be single or double, and have their origin either in the auriculô-ventricular or arterial valves, or in both at once,—the detection of which constitutes the diagnosis of the special diseases of the organ. Occasionally these sounds resemble *musical notes*, more or less resembling the cooing of a dove, singing or twittering of certain small birds, whistling, tinkling, &c., &c. These depend either upon excessive narrowing of the orifices, or upon any cause which induce vibrations of solids in the current of blood,—as, when there are perforations in the valves, irregularities of their margins, string-like or other shaped exudations on their surface, &c., &c.

*Auscultation of the large vessels.*—On listening through the stethoscope placed over the arteries in the neighbourhood of the heart, we hear the same sounds as are produced at the sigmoid valves, propagated along its course, but more indistinct as we remove the instrument from the base of the heart. Those which are more distant have only one sound, which is synchronous with their impulse and their dilatation. This sound is of a dull character, but in health always soft.

In the various conditions of disease we have a single or double bellows sound, or it may be harsh, grating, rasping, &c. In the first place, you must ascertain whether any of these sounds are propagated along the artery from the heart, which you will know by listening over its course from that organ, and observing whether they increase as you proceed towards it. If the sound have an independent origin, it may originate from disease of the internal surface of the artery, when it will be harsh in proportion to the roughness; from stricture of, or pressure on the vessel, or from its dilatation. Generally speaking, the more dilated and superficially seated the vessel is, the sharper is the sound. Sometimes there is a double murmur in the course of a vessel, having an undoubted independent origin. This is most common in cases where there is an aneurismal pouch, into which the blood passes in and out through an opening narrower than the swelling itself. Occasionally one or both such murmurs may possess somewhat of a metallic ringing, or even musical character, when the margins of the opening are probably tense and thrown into peculiar vibrations.

I have already told you never to form a conclusion from auscultation alone. Even when combined with percussion, it is not safe to form a diagnosis without a knowledge of *all* the circumstances of the case. Hence, why I repudiate those rules which have been published in books, that have for their object the establishment of opinions from physical signs alone. At the same time, there can be no doubt that percussion and auscultation are absolutely essential to the proper investigation of maladies, although not more so than other modes of inquiry. I have, therefore, thought it best to give you a condensed resume of the sounds which may be heard by auscultation of the lungs, heart, and large vessels, pointing out a few of the diseased states in which they may be sometimes (not always) heard, and especially indicating the physical conditions on which they are supposed to depend. Their true diagnostic value can only be learned by the careful examination of individual cases.—*Monthly Journal of Med. Science*, Nov., 1850.

*NEW MODE OF PERCUSSION.*—M. Poirson, interne at the Salpêtrière, introduced a novel mode of percussion, which consisted in the employment of a common sewing thimble placed on the fore or middle finger, so as to include a small quantity of air between the end of the finger and the bottom of the thimble. This instrument communicates a clearness and intensity to the sounds which enables the physician to detect variations not indicated by the finger alone.—*Dublin Med. Press*, Dec. 11th.