

heard louder over any part of the chest than the larynx, the cause is increased consonance within the chest. The medium of consonance is air. The air in the throat, mouth, and nose consonates with the sound generated in the larynx, which further consonates with the air in the trachea, the bronchial tube, &c. The actual difference, then, between the two explanations is that by the first conduction through the respiratory apparatus is made the principal cause of propagation of sound, while by the second the effect is ascribed to transmission through the air residing within the apparatus. The illustration above given is not certainly in favor of the side it is meant to support. We never heard of a Jew's harp sounding when simply put into the mouth and struck. Whenever we practised the instrument in our younger days, we found it required to be held pretty firmly by the teeth, and unless its prongs were in close contact with them, it was mute, despite of all the coaxing applied to its tongue. If the notes, then, of a Jew's harp were heard by consonance, they should be audible when it is made to vibrate within the mouth; but, as they are not so, this explanation is inadequate. The circumstances under which this instrument sounds are precisely those that accord with the theory of conduction. The note produced is diffused over the teeth, taken up by the superior and inferior maxillæ, and conducted by continuity to the bones of the ear, and from thence conveyed to the auditory nerve. This illustration, then, is an unfortunate one for Skoda, and the practical deduction drawn from it cannot be supported. Now, if we go further with the argument, and admit, for its sake, that increased loudness of voice is due to increased consonance, we have to ask, What increases the consonance? It cannot be a greater quantity of air within the chest, for in the conditions when it is supposed to occur there is commonly a notorious diminution in the capacity of the lungs; it cannot be augmented density or increased rarefaction, or any alteration in the air itself, for no such change has ever been suspected, much less shewn to occur; it cannot be from any action, as reflection between the sides of the respiratory tubes and their contained air, since there is nothing to favor this when it is most required, and, in short, it cannot be from any known cause. It now becomes highly interesting to know what Skoda thinks of bronchophony, bronchial respiration, ægophony, and some other signs that occur when inspiration is considerably abbreviated. Bronchophony occupies a conspicuous place in the author's system; he uses the term to signify the thoracic voice generally, and as such distinguishes four kinds—the loud and weak bronchophony; “an indistinct humming;” and amphoric resonance. Loud bronchophony he considers to be the modification commonly called the pectoriloquy, and the weak variety to be the bronchophony of other writers. These two voices, then, should be