

sors, he was the discoverer, and had none. As well might it be said he borrowed the suggestion from Hippocrates, Hooke, Double, or Corvisart, as hereafter, should a method for preventing hemorrhage during operations be ascertained, that we were its originators, because we now assert that such a procedure is desirable, and may yet be disclosed. The book before us is happily not one of detraction, and we proceed with its examination the more cheerfully.

The Lænnec enthusiasts, who unfortunately too often disadvantageously misrepresent their master, contend that stethoscopic signs are pathognomonic, each being a certain indication of a specific lesion, and every disease having its own peculiar mark; wherefore it follows, that as the thoracic viscera are incident to an immense array of various affections, and these have multifarious phases, there must be a proportionate number of signs, so that their comprehension forms a matter of extreme, if not unsurpassable, difficulty. But this savors too strongly of affectation to be natural, and the practical man knows that such a theory is a misconception. Who is there that has ever yet been able to distinguish the four varieties of the crepitant rale of pneumonia, laid down by Fournet, from their individual shades of difference? We venture to say no one but their author; conceived in his own imagination, they have never misshapen the belief of another. Skoda, we are glad to find, does not pretend to any such refinement; he treats the matter far more simply, and less artificially, holding views upon the value of physical signs closely resembling our own. We maintain that a physical sign is not an indication or sure proof of a disease, but of a structural condition which may be common to several diseases. For instance, gurgling is no evidence of phthisis, but of a cavity containing a fluid, &c., as such, may be detected whenever this condition exists, and wholly independent of the disease by which it may be caused. Upon any opposite belief to this, an entire reliance will be placed upon the certainty of physical signs, and all other means of diagnosis be discarded as superfluous. This, we fear, too commonly happens, and it has often been a source of regret to see too much importance, and occasionally a sole dependence placed upon the stethoscope, alike by practitioners and students. A chest disease offers—the patient is a stranger—he is directed to bare himself—an irrelevant question or two is asked—he is ready—the mysterious tube is applied—a sound is heard buzzing in the ear, or deciphered by fancy—a character for proficiency has to be maintained—a look is given, and the first words spoken are the name of the sign and the disease it has identified. Then follow, in rapid succession, prescription and directions, and the inquiry has ended. Now, it is not too much to condemn this ready tact as both unjust and culpable. Suppose, to carry out