

are always meeting it and we wonder how we failed to see it before. The eye has been trained to see it.

"The eye sees only what it is trained to see." This is a matter of daily example. The impression falls on the retinal eye but not on the cerebral eye. No instance of this impresses me more than to look up a busy railroad yard at night when the signal lamps are lighted. To me they are so many colored lights, but little more. To the engineer they chart his course and every one carries a plain message. Yet the impression on his retina and mine is the same. Somewhat of the same is seen if one rides on a locomotive at night. The engineer picks up the signal lights ahead sooner than the passenger. This, of course, is partly due to his knowledge of where the lights are situated, but greatly to his eye seeing what it is trained to see. Reverse the conditions and put the engineer in a hospital ward. He sees a sick man, recognizes that his breathing is labored and distressed, but nothing more; to the physician the whole condition is clear; he knows the signals along this track. How many eyes—yes, and skilled eyes, too—looked at the thorax and never saw the so-called Litten's sign or diaphragm phenomenon? Many of us look at it every day and fail to see it, even after we know about it. How often does the diagnosis of a thoracic aneurism go begging for want of a careful glance?

It is tempting here to digress for a moment to refer to two necessary preliminaries before inspection can be thorough. These are sufficient light and the exposure of the part to be seen. We would not try to take ordinary photographs without sufficient light, yet we constantly try to take the more important visual and mental ones without it. Then as to the second matter, the exposure of the part to be inspected; it seems absurd to dwell on it did not experience prove the contrary. How many chests are examined through the clothing or with the shirt tucked up and important points missed? The effect of this slackness in examinations for life insurance has been emphasized by Greene,* especially as regards tuberculosis and cardiac disease. It is as sensible to try to read the contents of a book through the cover as to hope to inspect when the area is not exposed.

How can a man train his powers of observation? By use, may be answered, but this is not everything. Use may be careless and lead to deterioration rather than to improvement. It must be a use which involves proper method and thoroughness. For some of us the training which was given to Kim in Kipling's story of that name may be helpful. He was trained for

* Modern Medicine, first edition, Vol. VI., p. 758.