

THE CANADA LANCET.

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Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.

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ABSOLUTISM IN PHYSICAL DIAGNOSIS.

There is, perhaps, no examination by the physician so frequent as that of the thorax, for the various diseases of organs found in that cavity. From the day that, as a student, he enters the wards of an hospital, new stethoscope in hand, to the day he ceases practice, he is constantly percussing and auscultating, inspecting and measuring chests.

The capacity for becoming good diagnosticians of chest diseases depends upon more than the perseverance of the learner. Some seem naturally to grasp at underlying conditions, to have natural powers of combination, and to find the path to a pretty certain diagnosis in the great majority of cases quite easy, while others, apparently more persistent, at any rate during their student days, and equally, if not more careful as physicians, never seem to arrive at that stage when they can with any degree of certainty distinguish between a friction rub and a crepitant rale. To some the difference between the various heart murmurs and sounds remains, we believe, to the end of their days, rather a shadowy and indefinite thing, the result of a jumbled mass of facts learned by rote, but never understood.

To fully appreciate the above facts, one needs to have acquaintance with final students, or to have frequent opportunity of noting the ideas of practitioners. We have known a medical man of many years' standing diagnose a case of acute pneumonia as one of phthisis. Some students cannot at the end of their term tell the difference

between a high-pitched and a low-pitched note, cannot distinguish the difference in the feeling of resistance between a solid lobe of lung and one perfectly normal, or appreciate the thrill of a pre-systolic murmur. And this is true, notwithstanding that they have been quite as attentive as their more fortunate brethren who easily and rapidly learn these physical signs, and can be as certain of their existence as they can be of the meaning of an articulate word.

Do we not, however, in all candor and honesty, all sometimes meet cases that conform to no law of physical diagnosis? We believe that if the truth were known many cases of lung trouble are never clearly revealed while the patient is alive. The *post-mortem* room is an excellent institution, if for nothing else than to keep medical men modest, so far as that can be done. Of course there will always be doctors who are cock sure of their diagnosis; as there are men in all walks of life who are cock sure of whatever they profess to know. But leaving aside this fortunately small class, many of the closest observers, and best diagnosticians must often be in doubt as to the true condition of things in a patient's lung, after he has exhausted all the resources of physical diagnosis. We have been so often disappointed in our diagnosis, particularly of lung cases, that the following (*Lancet*) comes with a certain amount of balm:

A man aged thirty-eight, belonging to the Army Reserve, was admitted into the North-West London Hospital. He was severely ill, suffering from dyspnoea. He stated that a month previously he had been wet through, had a rigor and pain in the chest, and was confined to bed for nine days. Feeling better he resumed his occupation and, with the exception of a few days, had been up and about till the day of admission. The respiration was 58, temperature 102° and pulse 120°; the left chest was dull from the base to the apex, and the physical symptoms were somewhat equivocal and conflicting, the balance after very careful examination being in favor of a large effusion. The cardiac sounds were faint and almost inaudible, but the heart was apparently beating at mid-sternum. An aspirating needle was inserted in three different spots *but without obtaining any evidence of fluid*. A fourth puncture produced four ounces of clear serum. On the following day there was evidence of pleurisy on the left side, the