

produced immediately under the ear, whereas, in pleurisy, they are soft, muffled and more distant; we hear a respiratory sound of low pitch, although tubular in quality, but in both cases it is obvious that the phenomenon is the same, and produced by analagous physical conditions. Bacelli's sign has, with regard to the determination of the physical condition of the lung, exactly the same diagnostic signification as the bronchophony and the bronchial respiratory murmur, and in all instances its occurrence, its distinctness, its temporary disappearance and its re-appearance are dependent on precisely the same circumstances as in the case of bronchial respiration and bronchophony; these three phenomena arise from the same causes and are always found associated. In pleuritic effusion, the respiratory murmur becomes bronchial or tubular, respiratively; loud spoken voice becomes bronchophony, and whispered voice becomes pectoriloque aphone. When one of these symptoms is wanting the two others are absent also; they never exist one without the other. In pneumonia, tubular respiration and bronchophony are rarely wanting; they are also always accompanied by pectoriloque aphone. In pleurisy, all these symptoms are often absent, when and why? One condition which is essential to the development of bronchophony is that the larger bronchi must still be potent to permit the entrance of the waves of the sound; should they, too, be closed by reason of the greatness of the pressure, as for example in superabundant pleuritic effusion, then, nothing is heard; no respiratory murmur, no bronchial respiration, no bronchophony and no pectoriloque aphone, whatever may be the nature and the character of the effusion.

Bacelli's sign is not altogether valueless, and it has already been of great use to me. For instance, in certain cases of light pulmonary hepatization, or scanty pleuritic effusion, it sometimes becomes difficult to ascertain the existence of bronchophony or tubular breathing. Dullness on percussion is not well marked; you order the patient to breath or count loudly; you compare both sides of the chest, there is something suspicious, still you remain undecided. Order then the patient to whisper. The distinction at once becomes evident between the sound side and the suspected one. Pector-

iloque aphone has already indicated the spot where to morrow you will hear bronchophony if the disease progresses. The loud voice could still be propagated to the pulmonary vesicles, which however had become impermeable to whispered voice, the intensity of which, unable to throw in vibration the air as far as the last bronchial ramifications, could, notwithstanding, cause to vibrate the columns of air contained in the large bronchi, meeting, consequently, the physical conditions which preside at the formation of pectoriloque aphone.

Such are, gentlemen, the observations I was anxious to communicate upon the value of Bacelli's sign, accepted, it seems to me, with too great haste, by almost all authors. Dr. Secretan is the only one, to my knowledge, who has criticised the premature assertions of the Italian professor at the annual sitting of the Swiss Medical Society, held at Lausanne on the 20th of October, 1887.

A REPORT OF THREE CASES OF DERMATITIS HERPETIFORMIS.

BY J. E. GRAHAM, M.D.

The profession is much indebted to Dr. Duhring for his careful and exhaustive study of those obscure inflammatory affections of the skin which he has placed under the head of Dermatitis Herpetiformis.

Having had under observation during the past two years some cases illustrating different forms of this affection, I thought their history might prove of some interest to members of this Association. It must be confessed that there are still many questions to be answered as to the position of these diseases in our nomenclature, and any light thrown upon the subject be it ever so little, will be of positive value.

Case 1. J. C., aged 21; occupation, book-keeper, entered the Toronto General Hospital, March, 1887. Patient's previous history good, he having only suffered from the diseases of childhood. The present illness began two years ago when he noticed two small blebs, one at the outer angle of each eye. A number of bullæ afterwards appeared over the face, which varied in size from a pea to a twenty-five-cent piece. They were filled with a yellowish colored serum, and when ruptured would form scabs and scales. These