

toms we have arranged. Thus delirium and convulsions, followed by coma and relaxation of the limbs, indicate meningitis. To these symptoms add contraction of the flexors, and encephalitis will be the disorder probably. The sudden invasion of paralysis pertains particularly to apoplexy. Convulsions and coma supervening during dropsy, suggests serous apoplexy. Ramolissement rarely comes on with the suddenness of apoplexy, and contraction of the flexors belongs more particularly to the former. Unhappily this contraction is often absent, and is moreover observed in other cerebral affections. Tumors and other organic affections commonly progress slowly, insiduously, and then give rise to sudden alarming symptoms, analagous to those of ramolissement. The neuroses comprise a vast history which cannot be developed here. But practitioners rarely mistake chorea, tetanus, or epilepsy; hysteria is more obscure, and the diagnosis of mental alienation is oftentimes unattainable by the ready method.

ORGANS OF SPECIAL SENSES.—The diseases of these organs are, for the most part, to be detected by inspection, and ascertain, *ipso facto*, to the ready method. Thus, for the organ of olfaction: coryza, epistaxis, ozæna; for the organ of taste: all the inflammations and organic lesions of the mouth; for the eye: all the external ophthalmia and the deep-seated lesions observable by the ophthalmoscope. As to the ear, it is different; the auditory canal alone admits of direct inspection; exploration by the Eustachian tube gives some information respecting diseases of the middle ear; the diseases of the internal ear are enveloped in great obscurity. We have noted already that skin diseases are to be determined *de visa*; though an appreciation of their nature often demands great sagacity on the part of the practitioner.

With regard to those diseases of the organs of special sense, which elude direct exploration, we have already intimated that a scrutiny of the functional condition afforded the means of ascertaining their existence, if not their nature.

APPARATUS OF LOCOMOTION.—The diseases of the organs of locomotion, though revealed by external manipulations, involve grave questions of pathogeny. But we do not now purpose to enquire here in what simple arthritis differs from articular rheumatism or gout. We seek simply to determine the individuality of the malady, characterized here by obvious phenomena.

SECRETORY APPARATUS.—We shall mention only the most important. As to the liver, icterus or ascites may put us on the track; to arrive at precise notions, we have recourse first to palpation, which informs us of the size (hypertrophy), form (cancerous degeneration), sensibility (hepa-