

ART. VII.—*Clinical Lectures on Pulmonary Consumption.* By THEOPHILUS THOMSON, M.D., F.R.S., F.R.C.P.L., Physician to the Hospital for Consumption and Diseases of the Chest; author of 'Annals of Influenza,' etc. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

These Lectures are preceded by an introduction which contains some admirable remarks upon auscultation. It is shewn that from the multiplicity of terms which have been employed to designate the same sign, and from the diversity of meanings which have been given to the same name, much complexity and misunderstanding now exist on the subject of stethoscopic phenomena. Two persons acquiring their knowledge from different sources and conversing upon a case of lung disease would be as nearly intelligible to each other as a Chinese and an Indian who had never acquired any other than their native languages. The author classifies the pulmonary sounds of disease into five groups: the bubbling, clicking, crackling, crepitation, and vibration, which are analogous to the commonly received mucous, subcrepitant and cavernous rhencus: humid crepitation: dry crepitation: crepitant rhoncus: sonorous and sibilant rhoncus. His nomenclature is certainly an improvement on its predecessors, for it has the advantage of simplicity and uniformity. It has been constructed upon the principle of naming every sound according to the impression it makes upon the ear. These preliminaries are necessary to a right comprehension of what follows.

The lectures, 13 in number, are confined to an exposition of the principal symptoms and an observation of the more important remedies. They are truly of a clinical character, and though as complete a description will not be found in their pages as in more systematic treatises, yet the practitioner will find their perusal yield a store of carefully-selected facts and duly-considered reflections.

The greater part of the second lecture is taken up with hemoptysis. This symptom was noted in 73 per cent. of his cases. But while it is thus a common attendant upon phthisis, its occurrence by no means implies phthisis, for it may be due to disease of the heart, suppression of the catamenia, or mechanical injury, so that the popular belief that a "breaking a blood vessel" will cause consumption is not altogether true. Sudden death is by no means a common event of phthisis. In men it is very rare, and in women has never been witnessed. It is also a popular mistake that all bleeding from the lungs is produced by a ruptured blood-vessel, inasmuch as the usual cause is compression or obliteration of the pulmonary veins by the tubercular deposit, in consequence of which blood interrupted in its natural channels overflows or exudes into the