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ON THE AFFECTIONS OF THE BRAIN.

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In approaching the present subject, the affections of the brain, I find it replete with difficulties; such have been very often felt and often acknowledged by all who have paid attention to the subject. The difficulties we have to encounter, however, in a just cause, far from inducing us to relax in our efforts, should prompt us to renewed exertions. The science of medicine is a noble one,—the palliation of human suffering. Can we possess a more exalted incentive than this, the alleviation of the pains and miseries of our fellow-beings?

It was most strongly advised by Dr. Robert Ferguson, late Professor of Midwifery in King's College, London, if we wished to distinguish ourselves in any particular branch of knowledge, that we should first make ourselves intimately acquainted with all the known facts tending to elucidate the subject, lest, after spending much valuable time in our own researches and speculations, we discovered that we had only trodden the same beaten track, and advanced the opinions of our predecessors.

In introducing the following observations to your notice, I fear that I have fallen into a similar error; but since every case of disease imparts a new interest and possesses a something more or less peculiar in itself, and it will be my endeavour to give these remarks a practical tendency, founded principally on the cases which have occurred under my own inspection, I trust that this error will be overlooked. I am proud indeed to acknowledge the assistance of those who have laboured in this field of pathology, some whose names will be hereafter mentioned, and many of whom are yet extending their labours, and stand prominently forth, examples of untiring industry and perseverance, well deserving indeed our imitation, and entitled to our warmest gratitude and praise.

Among the causes of difficulty in our diagnosis of cerebral diseases may be enumerated the following:—

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1stly:—The brain being enclosed in a dense bony capsule, in the adult at least, many of the ordinary signs of inflammation, as swelling, softness, hardness, exudation, or effusion, are unobservable.

2ndly:—Percussion and auscultation are but little available.

3rdly:—The cerebral organ, being the seat of intellect, any deviation from its normal condition, whether functional or organic, must be followed by a corresponding derangement of the intellectual capacities and capabilities, and thus give rise to erroneous impressions and statements on the part of the individual affected.

Since, then, the changes produced within the cranium under disease are so closely concealed from our view, and so little appreciable by the ordinary means of diagnosis, how important is it that we should examine minutely the approaching avenues of each passage of ingress and egress, the organs more immediately connected, as well as those more remote, likely to exercise in the slightest degree a sympathetic action with this complicated nervous centre.

Having thus far adverted to the difficulties we have to encounter in the detection of cerebral diseases, it would be presumption in me to enter into further minutiae before those whose experience and opportunities have, in many instances, been far greater than my own.

It will be impossible, of course, within the limits of this paper, to embrace the whole subject, so extensive is it, of head affections; I shall proceed therefore at once to the enumeration of cases, adding at the conclusion of each case such remarks as my own experience, and the observations of others who have recorded their opinions, may deem admissible.

CASE I.—MENINGITIS.

On the 26th of July, 1842, I was called on to attend William Over, aged 12. He is of a full habit, and his mother states that he has been ill about a week. He has a hot skin and quick pulse, with the general symptoms of fever, and complains of pain in the head; the bowels are confined. To take aperients and saline medicine, and to have leeches applied to the temples.

27th. The head is relieved by the leeches. To continue the medicines.

29th. The symptoms generally are much aggravated; he complains of intolerance of light; the pulse is sharp and more rapid; the action of the heart considerably increased; he is delirious at night; the secretions scanty. To be bled from the arm, to approaching syncope, and to take two grains of calomel every four hours, with an antimonial mixture; wet cloths to be applied to the forehead and temples.

30th. The pulse is softer, and the other symptoms are a little relieved; the delirium continues. To repeat the calomel and antimonial mixture.

August 1st. The pupils are dilated and insensible to light; he is remarkably deaf; the delirium is more violent; he calls out loudly, and can with difficulty be kept in bed. Apply a blister to the back of the neck, and continue the calomel and antimony.

3rd. The symptoms are much the same; the blister continues open.

5th. He lies in a half-comatose state, but occasionally screams out, and puts his hand to his head; is convulsed at intervals; the skin is still hot, and pulse rapid. The head to be shaved, and a blister to be applied to the vertex.

7th. The pulse is feeble, the extremities cold, skin damp, jactitation of the limbs, and picking of the bed-clothes; the bowels are relaxed, and there is retention of urine. The water to be drawn off with a catheter; sinapisms to be applied to the calves of the legs.

From this period he became rapidly worse, and died on the 9th, just three weeks from the commencement of the attack, the last two of which he was under medical treatment.

Inspectio cadaveris, fourteen hours after death. In the head, the membranes generally were vascular and thickened, the arachnoid opaque; numerous red points were observable on slicing the brain, the substance of which, externally, was softer than usual; on examining the base, a large quantity of solid lymph was found situated on the commissure of the optic nerves; the ventricles contained rather more than the usual quantity of fluid. The lungs were healthy, but much congested; the visceral organs generally were in a state of congestion.

Observations.—The foregoing case, as may be remarked from its history, was treated in the first instance as one of fever, complicated with a slight affection of the head, and the measures made use of were not of the most active kind, aperients, and the application of leeches to the temples. Subsequently, the case appeared to be of a graver nature; bleeding and other remedies were resorted to. The symptoms were a little relieved, but shortly afterwards there were evidences of so much mischief having taken place within the head as to lead to a tolerably sure prognosis of the fatal termination of the case. There were certain symptoms persistent throughout—a hot skin and quick pulse; and these should have indicated the neces-

sity of a more active plan of treatment. The symptoms bore evidence also that the case was primarily one of meningitis, and subsequently, that the brain itself partook of the inflammation. A case of simple meningeal inflammation, existing for any length of time, it is difficult to conceive, when we consider the intimate relation existing between the brain and its coverings, particularly the pia mater, its close contact, and frequent dippings down between the convolutions, also its vascular communications. This immediate connection of the brain with its membranes will explain the speedy communication of irritation and inflammation from the latter to the former. It has been asserted by M. Foville, that the cortical portions of the brain are the seat of intellect, the medullary give rise to motion. This theory will account satisfactorily for the delirium and mental excitement becoming so prominent a feature in meningeal inflammation. It is remarkable in the progress of this case, that the boy's sight was lost at an early period. The large quantity of lymph found deposited on the optic commissure, no doubt, by its pressure, occasioned paralysis of the nerve of vision.

CASE II.—ARACHNITIS.

On the 25th of June, 1843, I was requested to attend William Collins, aged 7, an intelligent and rather delicate looking boy, and whose mother gave the following account:—He has been very languid and poorly for the last three weeks, and has wished to be quiet and undisturbed; a few nights ago he was delirious, and continued so some hours; he was also slightly convulsed, since which time he has been getting gradually worse.

His symptoms are now as follows:—Skin hot and dry; pupils contracted; tongue clean; pulse 100, and rather sharp; heaviness and drowsiness, with occasional slight convulsions; the bowels are open; he appears quite sensible when spoken to; does not complain of pain, nor does he like to be disturbed. To take calomel and antimonial powder, of each two grains, with an antimonial mixture every four hours. Apply a blister to the nape of the neck.

29th. The symptoms have been much the same since last date. He doses a good deal, and wishes to be quiet; complains of no pain. To continue the medicines and keep the blister open.

July 1st. He is restless, and complains of pain in the bowels; is quite sensible; persists in not having his head moved from the pillow; is convulsed occasionally. To omit the antimony. Apply a blister behind each ear, and a mustard plaster to the abdomen.

2nd. The motions are passed in bed; there is retention of urine. To use the catheter, and give a cretaceous mixture.

4th. In addition to the other symptoms, strabismus has taken place. He died on the following day.

Inspectio cadaveris, twenty hours after death.

On opening the head, the membranes were found slightly vascular; the substance of the brain was pale, and exhibited but few red points; it was of a much softer consistence than usual, particularly the walls of the ventricles, the fornix and septum lucidum, which were of a creamy consistence. A quantity of fluid, containing shreds of lymph, escaped from the ventricles and base of the brain. The viscera of the chest and bowels presented nothing abnormal.

Observations.—From a review of the symptoms above enumerated, with the *post-mortem* results, this would appear to have been primarily a case of arachnitis, the inflammation being confined to the lining of the ventricles, or of deep-seated cerebritis. Supposing the former to have been the case, the arachnoid effusion probably exerted pressure on the walls of the ventricle, and then gave rise to the softening; but, supposing the latter, the substance of the brain itself was in the first instance the seat of inflammatory action, and the ramolissement consequent thereon. This case resembles, in many respects, the acute hydrocephalus of children. I think it probable that the hydrocephalus of children has a longer duration from this circumstance:—the cranium being of a softer and more yielding nature, the resistance to effused fluid from without is less, and consequently the pressure on the internal parts is much less than at a more advanced age, when the skull has attained a greater density. I believe the hydrocephalus of infants, and the chronic disease of the brain, at a more advanced age, for instance seven or fourteen, to be one and the same disease. At an earlier period the bony parietes give way at the sutures and fontanelles, to the effused fluid; at a later period, the fluid, unable to exert outward pressure, presses upon the brain within, the symptoms are more severe, and the disease generally runs a much shorter course. Dr. Abercrombie is of opinion that hydrocephalus is more frequently the result of deep-seated cerebral inflammation, than of inflammation of the arachnoid membrane. I think, doubtless, that these cases have generally an incipient acute stage, which ought to be treated by depleting remedies, blood-letting in the first instance; and if, in the above case, a more active plan of treatment had been adopted, the chances of recovery would have been augmented. One other circumstance connected with the case, and worthy of remark, is, that it supports conversely the opinion of M. Foville, formerly adverted to. In the first case, the parts principally affected were the investing membranes and the convolutions; the intellectual functions suffered considerably. In the present case the disease was deep-seated; the sensibility and consciousness preserved their integrity throughout; the intellectual functions were but slightly impaired.

CASE III.—CEREBRITIS.

Master Clarke, aged 7, residing in the country, of a somewhat plethoric habit, and has a large

head. He has been ailing for a few days, the weather being extremely hot; and the mother thinks he has caught cold by bathing, and remaining too long in the water.

His symptoms, June 28, 1844, the day of my first visit, are as follows:—Face extremely flushed; skin very hot and dry; intolerance of light; tongue white; strong beating of the carotids; violent action of the heart; pulse irregular; complains of great pain at the epigastrium; has been sick several times; has pain also in the head, but complains mostly of the chest; has occasionally cold chills; bowels are confined; urine scanty, and extremely high-coloured. On listening to the chest, the sounds are normal. To bleed from the arm in the upright posture; after removing about six ounces of blood faintness came on. To take two grains of calomel every four hours, and a simple saline mixture; a blister to be applied to the epigastrium.

29th. Symptoms, generally, a little relieved; is sick occasionally; urine scanty, and high-coloured; bowels have been open; the motions are dark green, and highly offensive. To continue the calomel and saline mixture.

30th. Has slept better; but there is still pain both in the head and at the epigastrium; the pulse is less intermittent; urine less scanty; motions still green and offensive. To continue the medicines as before.

June 1st. Has slept badly; face still flushed; pain in the head more severe; the nausea continues; pulse rather sharp; great thirst; intolerance of light; tongue white; skin hot and dry. To apply leeches to the temples; continue the calomel and saline mixture, with the addition of tartarized antimony.

2nd. The leeches bled freely; pulse is more quiet, and the symptoms generally relieved; there is still however some pain in the head. Apply a blister behind each ear, and continue the medicines.

3rd. Blisters discharge well; pain of the head relieved; bowels are rather relaxed; the motions less offensive; gums a little spongy. To take the calomel at night and morning only; the antimonial mixture as before.

4th. Has slept tolerably well; pain in the head much abated; all the symptoms relieved; gums more affected than yesterday. To take the calomel once a day, and continue the saline mixture.

6th. Patient is much better.

8th. Going on well; has a good appetite, but the mouth is extremely sore. To take the infusion of roses with sulphate of magnesia.

12th. He is now convalescent; and in the course of a week or two was restored to perfect health.

Observations.—From the symptoms observed in the above case, the character of the pain, extreme sickness, and intermittence of pulse, it would appear that the brain, more decidedly, and not the

membranes, was the seat of inflammation. The violent action of the heart for the first two or three days, exerted doubtless to overcome the obstructed circulation within the brain, attracted my notice most strongly, as well as the pain at the epigastrium, and partly drew off attention from the head. The continued irritation of the stomach, and vomiting, had probably induced gastritis. In this case, auscultation applied to the chest was of infinite service, affording evidence of the non-existence of disease within the thorax. The condition of the heart in cerebral cases should be particularly attended to. It is not improbable that the extreme excitement of the heart, in order to overcome vascular pressure within the brain, is occasionally mistaken for disease of the cardiac viscus itself.

CASE IV.

ARACHNITIS.—(THE RESULT OF INJURY.)

Master, T., aged 14, of leuco-phlegmatic habit, has enjoyed tolerably good health up to the present time, February 14, 1843, but during the last week or two his appetite has failed; he has been low spirited, the slightest noise has been unpleasant; he has been remarkably quiet, and has hitherto made no complaint of any ailment. Finding he grew worse, the parents requested me to see him.

The present condition of the patient is as follows: He is in bed; complains of slight headach, and uneasiness about the loins; the countenance is pallid, and expressive of anxiety; manner extremely nervous; pupils of medium size, and somewhat sluggish; tongue slightly furred; pulse 70, and easily compressible; action of heart natural; skin cool and moist; extremities rather cold; bowels were open yesterday; urine scanty, high-coloured, and containing lithic acid; the loins are tender, and there is feeling of sickness. Apply bottles of hot water to the feet, and warm fomentations to the loins; to take a dose of calomel and rhubarb directly, and a mixture, of hydrocyanic acid, with liquor potassæ and syrup of orange peel, every four hours.

15th. Has slept tolerably; does not complain; bowels have not been open; has passed but little water; loins are rather more tender; in other respects symptoms as before. Apply leeches to the loins; repeat the fomentations; give an aperient draught. Bowels open in the evening.

16th. Passed a pretty good night; perfectly sensible; inclined to be taciturn; has a slight headach; tenderness of loins relieved; urine still scanty, and high-coloured. Take the liquor potassæ and spirit of nitric ether in mint water; a dose of calomel, rhubarb, and colocynth, at bed-time.

17th. Symptoms much as yesterday; quiet and indisposed to complain; pupils less sensible to light. Apply a blister behind each ear, and continue the mixture. In the evening bowels still constipated. Repeat the aperient pills.

18th. Bowels open this morning; appears somewhat deaf; left pupil rather dilated. Take a grain

and a half of calomel, with two grains of antimonial powder, every four hours; apply a blister to the nape of the neck.

19th. Passed a restless night; the blister rose badly; left pupil more dilated; deafer than yesterday; pulse soft and intermittent; the tongue is tremulous, and protruding with difficulty; speaks incoherently; still takes nourishment pretty well; right side of the body partially paralysed. The head to be shaved, and a blister applied to the vertex; continue the calomel and antimony.

In the evening, symptoms generally exaggerated; there has been delirium, and the nurse has found great difficulty in keeping the patient in bed. To take a quarter of a grain of acetate of morphia, and one-eighth of a grain of tartarized antimony, at bed-time.

20th. Has slept better; pulse 80, but intermittent; very incoherent; other symptoms as yesterday. To repeat the morphia and tartar-emetic pills every four hours. This evening, continues much the same, though more quiet; bowels confined. To take an aperient draught.

21st. Has slept at intervals during the night; constantly slipping down the bed; the motions and urine passed involuntarily; subsultus tendinum; loss of vision; great prostration. The symptoms grew rapidly worse, and he died in the afternoon of the following day.

Inspectio cadaveris, fourteen hours after death. Extreme pallor of the skin generally. On opening the head, the dura mater presented nothing remarkable; the sinuses were greatly distended with blood; the arachnoid was opaque; pia mater more vascular than usual. Underneath the membranes on the upper surface of the brain, rather posteriorly to the centre, and at the junction of the two hemispheres, was a dark ecchymosed spot, about the size of half-a-crown; the substance of the brain around was extremely vascular, and some softening had taken place; the other portions of the brain were pale. There were from six to eight ounces of fluid in the ventricles and at the base of the brain. The other cavities were not opened.

During the examination, a friend of the deceased, who was present, stated that a fortnight before medical aid was resorted to, the youth was down stairs in the kitchen, and in reaching something off a shelf, fell down, and struck his head on the floor; some slight remedies were applied, and as the boy did not complain, no more notice was taken of the matter; in fact, the circumstance was forgotten by his mother.

Observations.—This case, like many others which occur in practice, is an instance of the insidious manner in which inflammation of the brain creeps on; and has served as a caution to me, when consulted about affections of the head in young people, to make first the inquiry—Has the patient met with a blow or fall? There is no doubt that many of the symptoms above enumerated were much modified

by peculiarity of constitution and temperament. There was a quiet taciturn disposition; and this is remarkable, as disease of the brain generally produces great irritability and fretfulness. It is probable that there was a tendency in the constitution of this patient to cerebral effusion, which we know sometimes comes on at the age of 12 or 14, and the blow, by setting up a certain degree of inflammatory action, hastened on the disease to its fatal termination. This opinion I am induced to entertain from the circumstance of another member of the family, nearly the same age, having lately become the subject of a spinal affection. It is a question, if blood had been taken from the head at the commencement of my treatment, whether recovery might not have taken place.

CASE V.—MENINGITIS.—(THE RESULT OF INJURY.)

The following is a case somewhat analogous to the last, though of a more acute character.

C. M. Coxhead, aged 12, was seen by me on the 10th of August, 1844. His mother stated that he was sick at stomach, had headach, cold chills, and could not sleep at night; but she was not aware of any cause for these symptoms. On close inquiry the boy stated that twelve or fourteen days ago, whilst playing with some other boys, he fell down and hurt the back part of his head. He still feels a good deal of pain in this situation; the head hot; pupils a little contracted; tongue furred in the centre, red at the tip and edges; pulse quick and sharp; bowels confined. To be cupped immediately behind the left ear, to eight ounces; to take two grains of calomel three times a day; a saline mixture, with tartarized antimony, every four hours.

13th. Since last date he has been much better; but to-day complains of pain in the head, and of being chilly; has rather a sharp pulse, hot skin, and is drowsy. To continue the calomel and antimonial mixture, and apply a blister behind each ear.

14th. Has slept much better; the blisters discharge freely; pain in the head much abated; bowels open.

16th. Gums affected with the calomel; pain of the head quite gone. In the course of another week the patient had perfectly recovered.

CASE VI.—PARTIAL CEREBRITIS.

In the evening of December 12, 1843, I was requested to attend Mr. G., watchmaker, and requested by his friends the following history:—

For the past two years his bowels have been very irregular, generally confined; he has suffered much from dyspepsia, headach, deafness, nervousness, and during the whole period has been very forgetful. Latterly he has been getting worse, and this evening we became alarmed at his symptoms. He now appears to have lost all recollection; he cannot articulate a word; he does not seem to know those about him, nor where he is;

rolls his eyes, stares vacantly about, and keeps one hand continually to his forehead. The pupils are contracted; skin hot; pulse slow, laboured, and intermittent. To be bled from the arm in the upright posture; to take a grain and a half of calomel, and three grains of James's powder, with a saline antimonial mixture, every four hours.

He bore the loss of blood remarkably well. After the removal of thirty ounces the pulse became more free and regular, and the patient was considerably relieved.

13th. Has passed a restless night; still in a half-conscious state; cannot articulate; the pulse intermittent, and rather full. Apply a blister to the nape of the neck; continue the medicines. In the evening pulse rather sharp; skin hot and dry; bowels confined. Apply cupping glasses between the shoulders; take two drops of croton oil directly.

14th. Bowels have been open freely; pulse softer and more regular. Continue the calomel and antimony.

15th. As yesterday. Continue the medicines.

16th. Gums slightly affected by the mercury. Omit the mercury; continue the antimonial mixture.

17th. Bowels not open since the 15th. Take half drop doses of croton oil, with white sugar, every four hours.

18th. Begins to articulate; utters a word or two, and then appears to forget what he was going to say. This forgetfulness seems to be a great annoyance to him; he throws his arms about, and looks anxiously around him; the bowels are freely open.

19th. Has been sick, and is very thirsty. Take a simple effervescing saline mixture.

20th. Still talks incoherently, in half sentences; complains of pain in the forehead over the organ of locality; pulse rather sharp. Apply tartar-emetic ointment to the back of the neck; repeat the antimonial mixture.

22nd. Complaints of sickness. Take the effervescing saline, and omit the antimony.

24th. Improving; speaks more collectedly.

26th. Bowels confined. To take croton oil, with sugar.

29th. Is capable of conversing, and has perfectly regained his memory of the names of places and persons. There being still a tendency to constipation of the bowels, a croton oil powder to be taken occasionally.

Mr. G. soon resumed his occupation; has had no relapse, and, in fact, enjoys much better health than he has done for some years past.

Observations.—In the case just briefly related, there are two or three points, I think, deserving of comment—the relief afforded at the commencement by a free blood-letting; the tolerance of antimony; the efficacy of croton oil; and also some physiological considerations. The blood-letting in this instance served as a guide and diagnosis to the

case, and influenced most decidedly the future treatment. In order to explain fully my ideas on this subject, I will transcribe Dr. Marshall Hall's own words, taken from the *Lancet* of April 23, 1842, and which is an extract from a paper read by this gentleman before the Westminster Medical Society. He is speaking on the subject of plethora or fullness as one of the causes of apoplexy :—

“The most satisfactory mode of treatment was to open a vein, and allow the blood to flow from an ample orifice, the patient being placed in the perfectly erect posture, until incipient syncope was induced. The quantity of blood which then flowed was the diagnosis and measure of the disease in every respect. If the patient were young and robust, if the plethora were decided, and especially if there were real congestion and no laceration of the brain, a large and proportionate quantity would flow, before the slightest degree of syncope was manifested. No other measure afforded at once such security to the patient, and such information to the physician. In reference to blood-letting, there was this important question : Was the case one of congestion or pressure? or was there actual hæmorrhage with laceration of the substance of the brain? In the former case, much blood would flow before incipient syncope occurred, and much *might* be, *must* be, taken; but in the latter the injury had inflicted a shock upon the system, and little blood flowed before incipient syncope appeared, and even the loss of that little was with difficulty borne: to take more would be death.”

In conformity with these opinions of Dr. Marshall Hall, it would appear that the foregoing case was one of congestion or inflammation, and not of organic lesion or laceration of vessels, since the loss of blood was borne so exceedingly well, thirty ounces, at least, having been removed before incipient syncope took place. The tartarized antimony, of which there was complete tolerance during the first week, was given in the form of the liquor antimonii potassio-tartratis, half a drachm to the dose. The croton-oil proved highly beneficial in promoting the alvine evacuations; its use has been long recommended, and we have reason to consider it as a most valuable adjunct in the treatment of head affections.

The loss of speech, it was evident, did not arise from any paralysis of the vocal organs, for, after a few days, certain words were uttered most distinctly, as yes and no, and the names of persons. It was the memory which had suffered, not the lingual nerve; and as the brain resumed gradually its healthy condition, this faculty was restored to its former tone and activity. In paralysis of the organ of speech, the power of articulation having been completely lost, the progress to accurate pronunciation will be gradual; the words, at first indistinct, will, by degrees, be more intelligible, and at last the utterance will become perfect. Not so in loss of memory of language. In this case a few words

will at first be distinctly pronounced, subsequently half sentences or detached phrases, until at length the memory of every word has been re-acquired. If the knowledge of a foreign language can be lost suddenly for a time, and then return, (of which there are instances on record,) why not the memory of one's native tongue? Our continental authors, Bouillaud, Lallemand, and Rostan, have reported several cases, with paralysis of the tongue, in which, upon *post-mortem* examination, the anterior lobes of the brain shewed evidences of inflammation or softening. M. Bouillaud, however, states more particularly as his opinion, that the anterior lobes preside over the memory of words as well as over the organs of speech. The case above related seems to corroborate most decidedly this view of the subject, the forehead having been pointed to throughout the case, as the seat of pain.

PRACTICAL OBSERVATIONS ON SOME OF THE MORE IMPORTANT POINTS OF PHYSICAL DIAGNOSIS.

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In these advanced days of stethoscopic research, any further observations on the physical signs of disease, may, by some, be considered a labour of supererogation; so important, however, in my opinion, is the attainment of a correct estimate of the value of these signs, as they obtain in different diseases, that I trust, that a brief practical investigation of their more prominent characters, will not prove altogether a profitless undertaking. The practised auscultator will pardon me for commencing with the consideration of a few general, yet necessary, preliminary rules, trivial perhaps at first sight, but highly important in practice, and to which, in order to facilitate the examination, a methodical attention, even by the “well-versed,” becomes imperative.

After selecting a stethoscope, the ear-piece of which accurately fits his ear, the auscultator will obtain a more perfect tact by strictly confining himself to it, than by using indifferently any instrument that may be presented to him. The value of this fact I have had reason constantly to observe.

In conducting a first examination, a difficulty is sometimes experienced from the alarm which is often excited, especially in the female sex, rendering the respiratory movements irregular, abrupt, and wholly inefficient for the purpose of a correct diagnosis. This may be generally combated by the avoidance of all unnecessary preliminary parade, and for the most part, will subside speedily under the tact and guidance of the refined and well-educated practitioner. “Avoid,” says M. Fournet, “a stern air, an abrupt address, and solemnity; these throw the patient into a state of nervousness. There is a calm, simple, benevolent mode of accosting the patient, a certain gentleness and earnestness of manner, that at once wins his confidence, and renders him composed, so that he answers correctly, does what he is desired well, and then his features, influenced only by the morbid state, express accurately all he feels.”