

ministration of all measures concerning public health in the United Kingdom. Is the medical profession prepared to bear this new yoke? Are we to sink quietly under the rule of the commission, and receive instructions affecting the health of millions from a trio of ignorant laymen? As to the arguments of Mr. Chadwick they are unworthy of serious consideration. The basis of his argument is either a misconception or misstatement of the duties which devolve on the medical profession. The physician, fully aware of the imperfection of his art, is as anxious to prevent disease as to cure it; and one of his most important duties is the investigation of the causes of sickness. The removal of the cause, when pointed out, may be entrusted to any body that the legislature may select. If the commissioners must have a finger in the work, let them send their assistants to cleanse streets and remove dunghills; but the duty of enlightening the executive on the science of public health must be left to those who have made that science the subject of long and careful study.

REVIEWS.

The Physical Diagnosis of Diseases of the Lungs.
By WALTER HAYLE WALSHÉ, M.D., Professor of Pathological Anatomy in University College, London; Physician to the Hospital for Consumption, &c. 8vo. pp. 320.

The plan of this volume differs from that of all elementary treatises on pulmonary diagnosis in this circumstance, that every method of physical examination is fully described in its pages; inspection, application of the hand, mensuration, percussion, auscultation, succussion, receive each their proportional share of attention, and an important mode of investigation which has never before been considered in a general point of view—namely, the determination of the situation of surrounding parts and organs is explained at considerable length.

In the first of the three parts, into which the work is divided, a general description is given of each of these methods, embracing an inquiry into:—1. Its nature; 2. Its direct or immediate object; 3. The manner of practising it; 4. The conditions which are discovered by its means in the healthy state; 5. Such deviations from the ordinary standard of these conditions as are nevertheless compatible with health; 6. The deviations from that standard which are actually pathological, and constitute signs of disease. The minuteness, accuracy, and perfect completeness of these descriptions (every division of which is conducted on a regular plan) are as remarkable as the smallness of the space they occupy—a result which could only have been obtained by the exclusion of almost an irrelevant word.

The second part consists of a table of the physical cause and ordinary seat of all the morbid signs in connection with the names of the affections in which they occur, and also a synopsis of the combined signs of pulmonary diseases. The third part forms a series

of annotations upon the two preceding. Here are collected critical inquiries into numerous doctrines of importance, based upon and elucidated by Dr. W's. own experience—many difficulties in theory and practice being happily removed, and not a few prevalent errors satisfactorily exposed.

Among the types of unhealthy respiration described by Dr. Walshe, are two in particular, which are presented to us in rather a new light. These are “divided” and “jerking” respiration, conditions depending upon a modified state of the rhythm of that act. We extract the description of the latter.

Jerking Respiration.—When the movement of inspiration, instead of being accompanied by a murmur continuous from the outset to the close (which may be represented thus ~~~~~), is attended with a sound of an interrupted character, divided into several unequal parts (thus ~ | ~ | ~ | ~ | ~, &c.), the respiration may be called *jerking*. The expiratory sound does not possess this peculiarity, but is generally somewhat increased in duration, while the inspiratory is certainly somewhat decreased in this respect. The *special character of the inspiration* may have a tendency to harshness, and (by an exception to the general law) more than that of the *expiration*.

Jerking respiration may exist through an entire lung, when it deserves the name of *general*; or be limited to a certain spot, when it may be called *partial*.

The second part of Dr. Walshe's treatise is a synopsis of the physical signs of diseases of the lungs. It is impossible to convey a greater amount of practical information in a few pages than is contained in this condensed history, which is characterised by minuteness, accuracy, and clearness of arrangement. The following description of the physical signs of emphysema will justify this opinion:—

a. *Hypertrophous Variety.*

Inspection.—*General expansion, giving a globular form to the chest if it exist on both sides; bulging of the infra-clavicular, post-clavicular, mammary, and central sternal sub-regions, or of the anterior surface generally; diminished motion of expansion and elevation; and consequently of retraction and depression; duration of expiratory movement considerably exceeding that of the inspiratory; movement of expansion diminished as compared with that of elevation; costal motions diminished.*

Application of the hand.—*Vocal and tussive vibration diminished.*

Mensuration.—*Semicircular measurement of one side, or of the whole chest, increased; increase of bulk under expansion of thorax in inspiration less than natural.*

Percussion.—*Increase of clearness and of duration of sound; resistance of walls decreased; character of sound more or less tympanitic; comparatively deficient diminution of clearness of sound at the close of a full expiration; limits of pulmonary sound scarcely reduced at the close of a full expiration.*

Auscultation.—*Respiration weak, in very rare cases suppressed in the affected part, exaggerated in those adjoining; rhythm of the respiratory act divided; murmurs harsh, with expiration more or less, sometimes enormously prolonged, and in some cases absent altogether, although inspiratory murmur apparently audible; sibilant, sonorous, mucous, or sub-crepitant rhonchi, from accompanying bronchitis; vocal resonance unaltered or weaker than natural; intensity of transmission of heart's sounds through the affected part diminished.*

Situation of surrounding parts.—Heart detrued to-wards the opposite side, if one lung only affected; downwards towards the epigastrium, if both are implicated; mediastinum detrued to the opposite side; either division of the diaphragm pushed downwards with the subjacent abdominal viscera—this in some cases only.

The third part of the work is, as we have remarked, a running commentary on the two divisions which pre-cede it. Here are discussed a variety of points which might have interfered with the simple and strictly practical design of the author, had they been introduced in any other place. For example, we find the following remarks on the terms "dull" and "clear" sound.

The terms *dull* and *clear*, as applied to the sounds elicited by percussion, although obviously incorrect, are retained in this work; because, in the first place, their practical signification is generally understood; and, in the second, it is extremely difficult, if not actually impossible, to substitute correct scientific expressions for them. They are incorrect; because, 1. Dulness and clearness are not phrases opposed to each other, either in the common signification of the words, or in an acoustic sense. 2. Dulness and clearness are not admitted among the properties of sound by natural philosophers; and hence there is this curious contradiction in the works of those writers on physical diagnosis who preface their volumes with an inquiry into the nature of sound, that no such properties as dulness and clearness are ascribed to it, and yet dull and clear sounds are perpetually spoken of in subsequent descriptions. 3. Dull sound is used as synonymous with "little" sound, or "no" sound. Here again is an error; for there is as intense sound produced by percussing the thigh as the infra-clavicular region. It is not in *intensity* that the difference which impresses the ear consists, but in *duration* and in another or other properties; so long as they both last, one is as intense as the other.

In order to substitute correct terms for those in common use, it is plain that we must first understand upon what physical cause depend the conditions practically known as dulness and clearness. The difference is not one of mere *duration*, though, as is shown in many parts of the text, this property bears a fixed relation to the conditions in question. It is difficult to prove that it depends on *note* (dull sounds being so deficient in musical character), but I strongly suspect that such is the fact.

We are tempted to make many more extracts from this excellent work, but our space, unlike Canute's shore, will not admit of encroachment. We must therefore conclude by earnestly recommending Dr. Walshe's work to the attention of our readers. No medical man, at the present day, can pretend to enter the sick chamber, unless he be prepared to apply, in practice, the knowledge derived from a just appreciation of the physical signs of disease, and there is no source to which he can look with more confidence than to "The Physical Diagnosis of Diseases of the Lungs."

BIRMINGHAM PATHOLOGICAL SOCIETY.

December 3, 1842.

JAMES RUSSELL, Esq., in the Chair.

ANEURISM OF THE AORTA.

Dr. Fletcher brought before the society a specimen of aneurism of the ascending aorta and commencement of the arch of the aorta, which pushed the

pulmonary artery downwards out of its situation and occupied its place, and pressed upon the blood-vessels in their course from the heart to the right lung, and upon the left bronchus.

CASE.—Thomas Timmins, a porter in a furniture warehouse, a short and very muscular man, aged thirty-five, became a patient of Dr. Fletcher, at the Birmingham General Dispensary, Oct. 6, 1842. He complained of a short dry cough, with shortness of breathing, and a sensation of oppression at the upper part of the chest. He states that he had always enjoyed very good health up to about four months since, when he had an accident, and received a very serious injury from the horse running away with a cartload of furniture, which he had the care of; he was thrown off the cart, and the shaft was forced violently against his chest, whilst he hung at the horse's head for some time before he left his hold, which he did when he found he had no chance of stopping the animal.

He was very ill, and had great pains in the chest for some days after; but these gradually subsided, and all the bad symptoms, except the cough and shortness of breathing, entirely left him, and he returned to his work again, at which he continued up to the present time; but work was become very irksome to him, especially the lifting of heavy weights, for the cough and difficulty of breathing had increased, and the sensation of oppression at the chest had supervened, and these were very much increased by any exertion; pulse 100, full, compressible, and somewhat resilient.

On percussion of the chest, the right side was found generally to be rather duller than the left, but not so dull as to have attracted attention, except upon comparing it with the sound produced by percussion on the other side. The dull space in the region of the heart was rather larger than normal, and extended a little higher than usual in simple dilatation of the heart.

On auscultation, the respiration of the right side was found more feeble than normal; that on the left louder than usual, accompanied with a loud rasping souffle, which extended all over the left side of the chest, but was heard very slightly on the right side.

The impulse of the heart greater than normal; both valvular sounds were heard, but accompanying the first was a loud rasping sound, which was greater in its intensity above the situation of the heart on the left side the sternum, on applying the stethoscope over the intercostal cartilages, and was at its greatest intensity under the first and second costal cartilages and sternoclavicular articulation; and at the left side of the base of the neck its intensity, although much diminished, was very great, and it was heard at the spine and all over the left side of the chest, with a degree of intensity, but still did not mask the sounds of respiration, which were puerile in their character, and underneath the clavicle it had a peculiarity which Dr. Fletcher thinks is not uncommon in aneurisms of the arch of the aorta—namely, the respiration was bronchial, and was interrupted, synchronously with the arterial pulsations. On the right side both this sound and the respiratory sounds were very much diminished; this rasping sound was heard in the neck with greater intensity in the course of the large arteries; there was no normal pulsation to be felt in any part of the chest, above the sternum, or either of the clavicles; he was