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The insufficiency of mere symptoms for the detection of the seat and nature of a disease may be very readily demonstrated. Let us suppose a patient to complain of pain; before we attempt any treatment for its removal, we must first determine the part of the body which is the seat of this pain. Suppose we have succeeded in determining its seat to be in the abdominal region; in order to establish an accurate diagnosis, we must examine one after another all the organs situate in this region, in order to ascertain whether the skin, the cellular tissue, the muscles, the peritoneum, or the intestines, be the seat of this pain. Let us suppose we have found the intestinal tube to be its seat; we have as yet only made an approximation to the nature of the affection; we have not at all determined it with precision. We know that pain, taken in the abstract, is but a lesion of sensibility, which sometimes supervenes primarily on some disturbance of the nervous system, and is sometimes consecutive on inflammation. Our business now is to distinguish these two cases; to decide whether we have to treat an inflammation pain, or a purely nervous pain; to avoid, in fact, the blunder of the mere symptom-doctor, who would in such a case employ opiates or depleting measures indiscriminately, without any reference to the real nature of the affection.

Thus it is clear that in the practice of medicine the symptoms have but a relative importance; we must, in order to derive any benefit from them, refer them to some seat, or organ, and ascertain the nature of the affection of which such organ may be the seat.

We feel we have somewhat exceeded the limits of an ordinary preface; but the importance of attending to the signs of disease, and of carrying our views beyond the mere symptoms, seemed to require it. We shall now conclude in the words of one of the oldest writers on semeiology, Fernel: "Tanta est signorum necessitas, ut, his sublatis, fundamenta medicinæ corruant."

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