

also recommended), there immediately sets up a slow decomposition of the alkaloid, attended with the formation of cyanide of morphine. This being insoluble, sinks to the bottom of the container, and the patient, unless warned, is in danger of getting a lethal dose of the deadly salt.—*St. Louis Medical and Surgical Journal*.

CIRRHOSIS OF THE LIVER.—According to the *Lancet*, "Lancereaux treated alcoholic cirrhosis of the liver with iodide of potassium. The iodide is least useful in the hypertrophic form, and when persistent jaundice or perihepatitis obtains. Improvement may be observed in a fortnight, the urine being increased and the ascites diminished; at the same time the venous enlargement of the parietes and the swelling of the spleen tend to subside, and the patient gains weight and strength as the digestion improves. The dose should be an ordinary one, and the treatment kept up for some weeks or even months. Alcohol must be avoided, and a milk diet enjoined; cutaneous frictions are beneficial."—*N. Y. Med. Jour.*

HEART-SOUNDS WHEN THE BREATH IS HELD.
—Will you allow me to caution practitioners against what I believe to be a not uncommon source of error in connection with certain conventional modes of examining the heart? The patient is told to "stop breathing." This he does, with a more or less forcibly inflated lung, the result being that the contact and impulse elements of the heart-sounds—and we too often forget how large these elements really are—become exaggerated. In addition to this, the lung being not infrequently distended by a very deep inspiration, taken hurriedly at the moment when the patient is told to "stop breathing," the mechanical obstacle offered to a free passage of blood through the vessels of the lung is especially great. What the listener hears when the patient's breath is held will not be the cardiac sounds, simply unmasked by the suspension of the pulmonary sounds, but the former exaggerated and distorted by the accidental physical conditions of the lungs and the heart, and their surroundings in the thorax; which conditions are abnormal, for a state of forced, or

even fixed, inspiration is not normal, and it *modifies* as well as intensifies the heart-sounds sensibly, as any close observer may detect. The very frequent appearance in the consulting room of cases of supposed heart disease, in which, when examined under ordinary conditions, nothing can be discovered to support the hypothesis of disease, may perhaps be to some extent accounted for by the method of examining to which I have ventured to object. Another point of moment is the position of the patient. I do not think any physician is justified in affirming the existence of a morbid state until, or unless, he can satisfy himself that the known effects of change of position on the several performances of the cardiac mechanism are produced. It is a matter of very great concern that the number of persons living lives of misery because they have been told that "there is something wrong with the heart" is of late largely increased and increasing; while no inconsiderable proportion of such persons have, in fact, nothing whatever the matter with their hearts beyond, perhaps, some sympathetic disturbance. I am not now thinking of the scare produced by "anæmic" sounds, which, by the way, are too often misconstrued even by expert and experienced examiners, but of hypothetical "valvular disease" in hearts which are in no way organically affected, or even the subjects of exceptional muscular debility.—*J. MORTIMER GRANVILLE, in Brit. Med. Jour.*

WHAT IS A DISEASED OVARY?

DR. NAGEL, of Berlin, has published in the last part of the thirty-first volume of the *Archiv für Gynäkologie* an article entitled "Contributions to the Anatomy of Healthy and Diseased Ovaries."

Dr. Nagel does not believe in the chronic follicular oöphoritis of certain pathologists. He considers that the condition simply implies an unusual number of follicles in a healthy ovary as an individual peculiarity. The follicles, at least, are normal, however the condition of the stroma may be disputed; and his researches show that morbid changes in the stroma do not affect the follicles for a long time, but ultimately cause their disappearance. They cannot proliferate by any morbid process. Nor does Dr.