

mitral valvular lesions, which are, on the whole, fairly well borne, but which, even when compatible with a certain amount of effort, react badly to over-strain and emotion, and are a coefficient of aggravation in the traumatism and infections of war.

Weil also claims that the differential diagnosis of functional and organic cardiac murmurs can be easily made by a new diagnostic procedure; namely, auscultation of the heart during compression of the eye-balls. There exists normally an oculocardiac reflex. The compression of the eye-balls modifies the heart beat so that it becomes slower by ten beats or more, or rarely accelerated to the same degree. In subjects who show functional murmurs the myocardium is in a state of especial erethism. Under compression of the eyes the accelerated rate (100-120) may drop to 80, 60 or 40 beats. At the same time the functional murmur becomes weakened, inconstant or disappears completely. Organic murmurs, on the contrary, become more intense and precise during ocular compression. Weil claims that auscultation of the heart during compression of the eye-balls is a procedure of great value, as the compression slows the heart and renders it more clearly audible, and, that through the employment of this method it has been possible for them to differentiate easily all heart murmurs.

Weil also regards the static and dynamic tests of Martinet of great value in determining the functional value of the heart, and, therefore, in differentiating the normal weak and erethistic heart. Lian's and Martinet's observations upon functional disturbances of the heart and cardiac neuroses associated with nephritis, infections (rheumatism), tuberculosis, nasal defects, multiple glandular insufficiency, and adrenal insufficiency, are abstracted in Weil's review. "*Les insuffisants cardiaques*" described by Guillet and Boyé fall into the same category. These writers, as well as Lian and Weil separate their hypotensive, tachycardiac, acrocyanotic and instable cases from the cardiac neuroses. Martinet discusses this group of functional disturbances that appear usually suddenly after intense emotion or commotion. They do not follow infections. They develop upon a neuropathic foundation (psychical state, nervous crises, distress, trembling, dyspepsia, instable cardio-vascular apparatus, etc.). Gallavardin discusses the tachycardias of Basedow's disease. Aubertin's article on "*la recuperation des faux cardiaques*" is of great value from both military and civil points of view. Finally the relation of cardiac affections to the infections of war (scarlatina, rheumatic fever, typhoid and paratyphoid fevers, bacillary dysentery, enteritis, pneumococcus infection, etc.) has been discussed by Nobecourt, Florand, Carnot, Oppenheim, Minet, Carles, and others. (See references below.) Gouget has studied the bradycardia of fatigue, as well as the relative bradycardia associated with some fevers. To the latter he attributes a nervous origin. Vaquez and Donzelet review the tests for the heart to be used in military service, and conclude that the only way to estimate the reserve force of the heart and its functional value is to make a thorough clinical examination of each case, completed by radioscopy and sphygmomanometry.

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