

with the grave incoercible type. In all the cases a great number of other means of treatment—including, in some, replacement of the uterus—had been previously tried.—British Medical Journal.

THE NEW TUBERCULINE.

The news that Koch has made a new tuberculine has awakened the attention of all Europe, for Koch is one of the very few bacteriologists of the old world who passes as an absolutely fair-minded and conscientious observer—a scientist who even, as he carefully pursues every step of an interrogation, always leans to the side of scepticism, and is a true disciple of the inductive method of reasoning. It is now nine years since Koch announced that he had discovered a remedy for tuberculosis. After a period of wild enthusiasm on the part of that portion of the profession that views semi-therapy through Utopian spectacles, it was found that tuberculine killed instead of curing patients. The downfall of the remedy was as terrific as the proclamation of its triumph had been great. Yet tuberculine constituted a discovery. It was seen that the febrile reaction induced by the remedy in consumptives might possibly afford an excellent method of diagnosis. Nocard, in France, generalized its employment in tubercular animals, particularly in bovine tuberculosis. Yet late investigations in Austria among herds show that the results of such methods are more than negative, and its application has been entirely discontinued. Certain observers at one time pretended that tuberculine employed in small doses for several months constituted an excellent remedy. Koch is more modest than ever. His claims at the present that the treatment only succeeds at the commencement of tuberculosis. When the tuberculous present at the same time secondary infections, the tuberculine is naturally impotent, and the streptococcus continues its work. In order to recognize these infections one must consult the temperature; consumptives whose temperature is above 102 degrees F. are only ex-

ceptionally benefited by specific treatment. It will be seen from all this that the remedy, if remedy it be, should never be applied except by a practitioner expert in diagnosis—a skilled man in auscultation. Koch's experiments with patients suffering from lupus have been most remarkable, yet, as he admits, it will require long periods of time to discover whether any real cures have been effected.—Lancet-Clinic.

PRACTICAL HINTS TO DIAGNOSE VALVULAR DISEASE.

If the murmur is heard with first sound of the heart, it is either due to obstruction to the flow of blood out of the aorta or regurgitation back into the auricle. How are we to determine which condition exists?

If the murmur is heard with greatest intensity just above the apex, and on a line around the chest to the lower border of the scapula, it is mitral regurgitation: if heard loudest between the second and third ribs, at the junction with the sternum, on the right side, or along the course of the sternum to the ensiform cartilage, it is aortic obstruction. This last murmur may also be distinguished in the vessels of the neck.

If the murmur accompany the second sound of the heart, it is produced by regurgitation of the blood through the aortic valves back into the ventricle, or (rarely) to obstruction of the flow from auricle into ventricle. If heard with greatest intensity at the previously mentioned site of the aortic obstruction murmur, it now indicates aortic regurgitation: if distinguished best at the apex, it is mitral obstruction. This last condition rarely gives rise to a distinct murmur, and is never heard behind. If the physician is capable of detecting only these lesions, viz., mitral regurgitation (the most common of all valvular disease), aortic obstruction and aortic regurgitation, the company will have secured the services of a valuable examiner, and one whose re-