sunset erythism that follows hard work.—*Med. Rec.*

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 *The Br. Med. Jour.*

PUNCTURE OF A VEIN IN HYPODERMIC MEDICATION.—The patient was a woman of 50, who for eight months had been given hypodermics of morphine for acute neuralgic pains in the legs. The dose given on this occasion was a smaller one than usual, equal to one-third of a grain, and was injected into the forearm. The injection had been given with the usual caution, and on withdrawing the needle there was no bleeding, although sometimes there was a considerable amount. Almost as soon as it was given the patient called out that there was something wrong, as she felt a prickling, burning sensation all over, and a feeling as if her head and hands were swollen to such an extent as to burst the skin. When I saw her she was very flushed, the eyes were protruded, and she was greatly distressed. I gave her at once a dose of tincture of belladonna. She quickly became very excited, and inclined to struggle and cry out, till this stage passed off, when she turned extremely pale, and fell back on the bed in an unconscious state; the lips were blue, the skin was very gray, and the face much swollen; the pulse was very weak and fluttering, and the breathing stertorous. Shortly afterwards there was a convulsive movement with arching of the back, and both breathing and pulse became almost imperceptible. A little whiskey was administered by forcing open the clenched teeth, and in a few minutes the stertorous breathing recommenced, and she began very slowly to return to consciousness. Some citrate of caffeine was then given along with some digitalis, as she has a very weak heart. Another dose of the belladonna was shortly administered, and during the rest of the afternoon whiskey and coffee were given in small doses at frequent intervals. She was greatly prostrated, and suffered from intense weakness and very severe headache, which continued for two days. The morphine in this case had none of its usual effect, and no sleep was obtained for over thirty hours.—Dr. Balfour, in *Lancet.*

HIGHER MEDICAL EDUCATION.—Dr. Carl H. von Klein, of Dayton, O., in his address before the American Rhinological Association, spoke as follows of higher medical education: "I maintain that no one can receive a thorough medical education without a thorough academical training. The mind that is trained to academical knowledge is inspired to a nobler and sublime course in life, in righteousness, piety, benevolence, industry, sobriety, equity, and frugality, kindled with aspiration for a special pursuit in science to whatever calling by nature of human duty he may be assigned to. If the physician possesses an academical knowledge, he will make the boundless science of nature his study; he will aim to inquire from the beginning of the creation of man, and turn every stone to find inscriptions that may be engraved by organic life. He will form exalted ideas of monuments of primeval antiquity, and make use of all