

*Hysteria and functional nervous disorders.*—In these, out of 62 murmurs 32 occurred in subjects who showed no anæmia; 14 of these murmurs occurred at the apex; eight at the pulmonary cartilage; five as double murmurs at both apex and base while one is heard at the aortic cartilage. Some of them bear all the characters of functional murmurs, being unaccompanied by other signs of cardiac disturbance, either enlargement or pulmonary accentuation. With no anæmia and no intoxication present, how are we to explain the temporary disturbance of the vasomotor system which the systolic murmur indicates? Is it possible that here, not poisoned nor impoverished, but disordered nerve centres are acting, and doing their part as inefficiently as do the higher inhibitory centres?

Lastly, with reference to the *nature of the sounds*, the following features may be of interest:

As regards the *site* of the murmur, it occurs at the apex in 170 cases, in 98 of which there is anæmia, in 72 none. It is at the pulmonary area in 126 cases, in 96 there is anæmia, in 30 no anæmia.

In 112 cases it is heard both at apex and base, sometimes with equal force, sometimes as a double murmur; in 79 of these there is anæmia, in 33 none.

In 48 cases the site is irregular (at the aortic or ensiform cartilages, etc.), 26 of these occur in anæmic and 22 in non-anæmic subjects.

In *character* the murmur is described as “soft, low, blowing,” often “faint,” sometimes “short” and “long,” about 20 times; in three cases it is described as “musical,” twice at the apex and once at the pulmonary area. It is described 42 times as “rough” or “harsh,” and in all but 15 cases this applies to a murmur situated at the pulmonary cartilage.

*Intensity* is a point of some importance, for the murmur is in general low as opposed to the usually louder and harsher organic murmurs, but no hard and fast rule applies to anything about a functional murmur. “Loud” is applied to some 16 cases.

As regards *transmission*, murmurs heard at the apex are transmitted “towards the axilla” in 43 cases, and “into the axilla” in 73 cases. In 7 cases the murmur is described as heard “in the back” and “at the angle of the scapula.” These cases are, 4 of chlorosis, 1 of lymphatic leukaemia, 1 of incipient exophthalmic goitre, and 1 of tuberculous meningitis. In none of these, except perhaps the latter, is there reason to suspect organic cardiac disease.