

*Pulmonary accentuation* occurred in 191 cases, in 127 of which the pulmonary system was diseased. In about one-third of the cases, it was noted as "slight," more often it was present in anæmic subjects.

The *rhythm* of the functional murmur, with more special reference to the diastolic sound. Among the cases studied I have found 10 diastolic murmurs which I have not been able to reject as organic by any of the criteria I have used. They occur in the following diseases:

Chlorosis, splenic leukæmia, functional and cardiac disturbance, exophthalmic goitre, catarrhal jaundice, cerebral thrombosis, chronic bronchitis, and dementia.

So distinguished an authority as Strümpell states positively that he himself has observed a case of undoubted functional murmur which was diastolic in rhythm; and Sahli explains this (when occurring at the base) as a transmission of the *bruit de diable* from the neck. Leube, on the other hand, considers them so uncertain as to be better left aside in making any critical enquiry into the subject. He himself has never heard a diastolic murmur which he believes to be functional. Without discussing this disputed point, I quote a few of the cases:—

1. *Exophthalmic Goitre*: Blowing systolic murmur heard best at apex, heard also over præcordium and at aortic and pulmonary cartilages. Faint blowing *diastolic* murmur at pulmonary cartilage, heard down along left border of the sternum; pulmonary 2nd sound heard louder than aortic 2nd; dulness normal; apex beat normal position; 1st sound of heart heard at apex; pulse compressible.

2. *Phthisis*: Patient died 13 days after admission. Heart normal on entrance except for accentuated pulmonary 2nd sound, five days ante-mortem, systolic and *diastolic* murmurs were heard at 3rd right interspace, transmitted down right border of sternum; persisted until death.

3. *Splenic Leukæmia*: (Hæmoglobin 14 per cent.). Blowing systolic murmur at apex, transmitted to axilla; blowing systolic murmur at pulmonary transmitted upward; systolic and *diastolic* murmurs at aortic cartilage; pulmonary accentuation and 2nd sound at apex much accentuated; apex beat and dulness in left mammary line; pulse regular, tension low.

4. *Dementia*: Patient was a boy of 15, small and undeveloped; *diastolic* murmur at pulmonary cartilage; no enlargement of cardiac area or accentuation of pulmonary second sound.

Some *cardiac enlargement* was noted in 66 cases, and seemed gen-