

relations with cutaneous sensory surfaces, as we have learned from the work of Gaskell, Sherrington, Head, Ross and other observers; the heart is in special relation with the first four dorsal intercostal nerves. As those of you who have been clinical clerks have often observed, morbid trophic changes in the heart, such as those involved in angina, degeneration, over-strain, etc., constantly manifest themselves by referred pains in the region supplied by those nerves. Now these are afferent nerves. Is it not at least possible that we can influence the heart by transmitting afferent impulses along these channels? If we stimulate these nerves, a portion of the impulse traverses the cord and reaches the cerebrum in a sensory form, but, as they are in special relation with the cardiac plexus, is it not probable that a portion of the message produces its effect on the heart, not in a sensory form, but as a stimulus to trophic function, as appears to be the case when we stimulate the nerves adjacent to a joint?

This is, of course, merely a hypothesis, and an entirely new hypothesis so far as I am aware, but it does seem to have much to support it, and as our methods of reaching the heart were so few, it seemed worth while to make all the use one could of this one. I have, therefore, for the last fifteen years applied small blisters, each in size rather larger than a shilling, in the course of these nerves—that is to say, over the upper part of the chest, between the clavicle and the nipple on either side. Only one blister is applied at a time, and after each a small poultice is placed on the blistered surface. Practically no pain or discomfort results if the small blistered surfaces are properly dressed and attended to.

(c) It is important that all inflammatory exudation should be absorbed and removed from the endocardium and valve cusps as early as possible. If the effused products remain in the substance of the valve and organise, probably the cusps never regain their normal mobility. I have seen a mitral cusp thickened after endocarditis to fully the extent of one eighth of an inch. Such a cusp, of course, cannot flap back in the quickly-changing flux and reflux of the blood current with each systole and diastole. It must necessarily cause stenosis or regurgitation, or both. We have some drugs which are believed to influence absorption, and particularly to attack such effusions into the tissues as are not fully organised and fortified by the ingrowth of nerve filaments and capillaries. The iodides and mercury are of this order. I always give one of the iodides, usually sodium iodide, during the treatment of one of these cases; and sometimes with caution a mercurial.

2. What has been the result of following this method of