

tide of knowledge. It is a matter also full of encouragement, for it shows how much may be done by earnest men possessing apparently but small opportunities for original research.

To some of us it is only vouchsafed to spin the thread, and we have to learn to rejoice in cheerful vein when another weaves the web. To the loyal worker in scientific fields it is enough if he feels that he is adding something to the general fund of knowledge. He may not be able to see at the time whither his observations lead, but he knows that, when joined to the results of other investigations, they will be useful. They may not be fitted to enter into the warp and woof; the work of others may be of stronger stuff, for "the web of our life is of a mingled yarn, good and ill together." But even if they do not become woven into the finished fabric they have at least helped other labourers by the example they have shown.

Two of the great men who adorned Dublin during the first half of last century observed a group of symptoms which have in recent times been the object of close scrutiny. Adams, in one of the most remarkable of single contributions ever made to medicine, described infrequency of the pulse attended by apoplectic attacks in cases which presented the pathological appearances of fatty heart. He was followed by Stokes, who, in adding further observations, noticed a want of harmony between the movements of the veins in the neck and of the arteries at the wrist; he stated indeed that the number of the venous pulsations was more than double that of the ventricular contractions. Stokes further described feeble sounds heard between the cardiac impulses. The meaning of these facts will be clear to us in the sequel. Many years passed before the observations of Adams and Stokes received any additions. It is true that a brief mention is made by Skoda to the subject, but new interest was not aroused until the appearance of some investigations by Leyden. The subject was afterwards discussed by Roy, who ranged himself alongside of Leyden in favour of hemisystole as the cause of the want of harmony in the action of the veins and arteries.

To show how our various additions to knowledge are knit together, it may be mentined that almost immediately after the appearance of Roy's contribution, a paper was published by Malet and myself in which we described the sound of the auricles in a healthy heart. The case was one of sternal fissure. Little did we think when placing this observation on record how it might afterwards prove fruitful. Linking it with the observations of Stokes, these isolated facts, apparently of no great value at the time, were afterwards found to be of real importance.

Some five years after our observation was placed on record Chauveau described a case of heart disease in which, for the first time, a dissocia-