

al's test, Mr. Ponton said:

WIDAL'S TEST AS MODIFIED BY WYATT JOHNSON.

Widal of Paris discovered that blood from a Typhoid patient had the power of paralyzing the bacillus of Typhoid fever in pure culture. The technique of the test is as follows: A drop of blood is collected on glazed paper or on a clean sterile glass slide. To this is added 2 or 3 loop-fulls of distilled water. This diluted serum is placed on a cover glass and to it is added a spoonfull of broth culture of Typhoid bacillus, preferably 12 to 24 hours old, from an old Agar culture. This is over a chamber in a glass slide, which is made straight by a ring of vaseline.

Under the microscope the bacilli are seen in active motion. If the reaction be positive, they gradually lose their mobility and in about 20 minutes are seen to be clumped. The reaction is not said to be positive unless the bacilli be absolutely motionless. The test is diagnostic in about 90 per cent of cases.

A modification of this test, making use of a dead culture is very useful in country districts. This is still in the experimental stage.

SELECTED ARTICLES.

TRANSIENT HEART MURMURS.

The Journal of the Amer. Med. Assn., discussing this subject editorially, says:

The Lancet in its issue of Nov. 13, 1897 summarizes an annual address to the Northwest London Clinical Society delivered in October, by Sir William Broadbent. The main points dwelt upon are irritable heart and transient murmurs heard over various cardiac and pulmonary areas, with the differentiation of these functional and temporary conditions from organic and permanent disease. Candidates for the military service have sometimes it is stated, been refused their commissions on wholly inadequate grounds. According to Sir William the candidate presents himself for examination in a state of extreme

nervous excitement, his pulse rapid, perhaps irregular, and his cardiac impulse violent and even diffused beyond the right sternal border. Murmurs which sometimes cause rejection simulate closely a soft systolic mitral, but are heard only during inspiration or when the chest is full, and are due to compression of the overlapping lung by the heart during systole. Pulmonary murmurs may depend on bulging of the conus arteriosus against the chest wall; they disappear when the lung is interposed on deep inspiration. Sometimes bruits are heard, not only in the course of the ordinary mitral regurgitation, but over the greater part of the lung. In such cases there is usually pleural adhesion. The criterion of pseudo-mitral disease is absence of displacement of the apex beat and of accentuation of the pulmonary second sound or undue right ventricular impulse, together with absence of symptoms.

Medical examining boards in the United States have already met with experiences of this kind, which should lead to caution lest injustice be done. A board convened at West Point, N. Y., August 20, 1884, reported ten cadets as having become affected with heart disease while at the Military Academy and as being physically disqualified for service, but recommended continuance at the Academy for a probationary period of six months. They were kept under special medical observation in accordance with the directions of Surgeon General Sternberg, and the report of the medical officer who carried out these instructions, rendered June 23, 1897, when the last of the cadets concerned had become commissioned officers, showed that in nine the heart was free from structural lesion and that there was no symptom of mechanical derangement of the circulation nor of heart strain. In the one case in which the bruit persisted a medical board considered the condition not incompatible with the exigencies of the military service. The conclusion was reached that in all except the last mentioned case the murmur heard in each individual at the time of the examination in 1884 was due to a temporary irritability of the heart