

V. A murmur coincident with the second sound heard about the left nipple, or in the fifth interspace below and to the right of the left nipple, and along the heart towards its base, and nowhere else, indicates mitral constriction. [This murmur is very rarely heard.] If to this be added a slight cough, the lungs being sound, and hypertrophy of the right ventricle—mitral constriction is indubitable.

VI. A murmur heard loudest above the base of the heart in the upper part of the thorax, indicates aneurism of the aorta, or innominate, or subclavian artery. If to this sign be added a pulse of unequal strength in the two wrists, or absent in one wrist, aneurism is almost certain. Difficulty of deglutition and paroxysms of dyspnoea add greatly to the probabilities of aneurism; indeed, with the preceding signs, render it indubitable.

VII. If there be bulging of the left side, near the mid sternum, and heaving impulse of the heart, and strong full pulse, there is *hypertrophy* of the heart.

VIII. If there be a visible undulatory impulse, or heaving of chest, if the pulse be not strong nor very resistant, if the first sound of the heart be clear and more distinct, and seem nearer the ear, and have more of a knocking character, there is *dilatation* of the heart. If there be much bulging of the interspace, and if the pulse be strong enough for hypertrophy; if the apex be outside of the left nipple and below the sixth rib, there is hypertrophy with dilatation. If there be also dropsy of the lower extremities, the probabilities of dilatation become certainties.

IX. Basic murmur, coincident with first sound heard loudest at the junction of the third costal cartilage with the sternum, and thence down the sternum, attended with persistent and jugular pulse, indicates almost positively tricuspid regurgitation—insufficiency of the tricuspid valves: if to these two signs general turgidity of the venous system be added, *tricuspid regurgitation* becomes certain.

X. An *endocardial murmur*, whether systolic or diastolic, whether at the base or apex, heard suddenly during course of an acute rheumatism, or after a violent blow on the præcordia, or during Bright's disease of the kidneys, indicates *endocarditis* in the most positive manner.

XI. An *attrition* or *friction* sound heard over the præcordia, that is, over the fifth left costal cartilage, while the patient holds his breath, indicates *pericarditis* in the most positive manner.

XII. *Softening of the heart*, without fatty degeneration, occurs only in cases of asthenic or adynamic diseases of an inflammatory nature. If in such cases the pulse grows feeble out of ratio with the intensity of the adynamic disease—for example, a typhus or typhoid fever—and remains weak