

Hermann; and, as to autogenetic puerperal fever, he was not a little sceptical. He and his partners had not found it in cases of small supplemental placenta, large clots in the uterus, etc., where it might have been expected. He regarded insanitary dwelling-houses as an important cause, and told a story of a man who had died of septicaemia, which he attributed to his having walked over a sewer-trap, and inhaled offensive gases; and another story of a lady in an ill-ventilated house who had developed morbid symptoms leading to phlegmasia dolens on the tenth day, and who had recovered quickly on removal to another house.—Dr. W. S. A. GRIFFITH admitted that not much was known about the history of the case from Queen Charlotte's Hospital, upon which Dr. Smith had based some of his experiments, and added that they had not had a case of puerperal fever since that one.—Dr. WILLIAM DUNCAN said his experience in puerperal fever was that the great majority of cases were heterogenetic, but not all, and he did not attribute this important minority to insanitary surroundings. As to the bacteria, he should have been glad to learn what they came from in acute periostitis; their origin in these cases was as difficult to explain as in the autogenetic cases of puerperal fever.—Dr. A. MONEY wished to note that a breach of surface anywhere in a parturient woman was sufficient to justify a heterogenetic origin.—Dr. W. R. SMITH, in reply, said he could not profess to know all forms of puerperal fever. In the first of the cases he had experimented on, which came from Queen Charlotte's Hospital, the disease had been traced to a nurse outside; in the other case the origin was doubtful. In answer to Dr. Routh, he felt it sufficient to say that knowledge must precede treatment, and that the more we knew of a disease the better we should be able to control it.

HEART-SOUNDS WHEN THE BREATH IS HELD.

Will you allow me to caution practitioners against what I believe to be an uncommon source of error in connection

with certain conventional modes of examining the heart?

The patient is told to "stop breathing." This he does with a more or less forcibly inflated lung, the result being that the contact and impulse elements of the heart-sounds—and we too often forget how large these elements really are—become exaggerated. In addition to this, the lung being not infrequently distended by a very deep inspiration, taken hurriedly at the moment when the patient is told to "stop breathing," the mechanical obstacle offered to a free passage of blood through the vessels of the lung is especially great.

What the listener hears when the patient's breath is held will not be the cardiac sounds, simply unmasked by the suspension of the pulmonary sounds, but the former exaggerated and distorted by the accidental physical conditions of the lungs and the heart, and their surroundings in the throat; which conditions are abnormal, for a state of forced, or even fixed, inspiration is not normal, and it modifies as well as intensifies the heart-sounds sensibly, as any close observer may detect.

The very frequent appearance in the consulting room of cases of supposed heart disease, in which, when examined under ordinary conditions, nothing can be discovered to support the hypothesis of disease, may perhaps be to some extent accounted for by the method of examining to which I have ventured to object.

Another point of moment is the position of the patient. I do not think any physician is justified in affirming the existence of a morbid state until, or unless, he can satisfy himself that the known effects of change of position on the several performances of the cardiac mechanism are produced. It is a matter of very great concern that the number of persons living lives of misery because they have been told that "there is something wrong with the heart" is of late largely increased and increasing; while no inconsiderable proportion of such persons have, in fact, nothing whatever the matter with their hearts beyond, perhaps, some sympathetic disturbance. I am not now thinking of the scare produced by "anæmic" sounds, which, by the way, are too often