

veins and at the cardiac base. He admits, however, that a third bruit, which is heard over the mitral valve, owing to endocarditis, may coexist with the two latter; but in this case it would be a permanent one. In other cases, the systolic murmur of the pulmonary artery may not be owing to anæmia, but to an organic lesion of the vessels. Again, in this case, the jugular murmur and the general symptoms of anæmia would help towards establishing a differential diagnosis.

Aneurisms of the aorta may also produce a blowing murmur on the left side of the sternum; but this could not easily be mistaken for an anæmic bruit, as it generally coincides with the second sound, and besides, the vascular lesion would always be recognized by the characteristic changes in the pulse.

The author concludes his paper by drawing a parallel between the extra-cardiac bruits and the anæmic murmur of the cardiac base, and shows that the latter is much more constant than the former, which vary very often, and are constantly modified by respiration.—*London Med. Record*, June 15, 1879.

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*Sounds and Bruits of the Heart and the Aorta, which can be heard at a certain distance from the Patient.*

Professor EBSTEIN has published a summary of the few cases mentioned in medical literature in which bruits of the heart and thoracic aorta could be heard at a distance of half a metre or a metre from the patient. The author speaks first of the cases where the heart-sounds alone presented this peculiar phenomenon, then of those cases where bruits of the heart and the aorta could be heard at a considerable distance. As far as the latter are concerned, it is worthy of notice that both pericardial, as well as systolic and diastolic endocardial bruits, can be heard at any distance. Among the endocardial bruits, those which are caused by stricture of the atrium of the aorta are often heard at a distance, more especially so if they are owing to the formation of calcareous deposits on the semilunar valves. No case of disease of the bicuspid valves is recorded in literature where the bruit could be heard at some distance. The author then proceeds to give the history of a case which came under his own notice, where a very considerable stricture of the aorta was complicated with insufficiency and stricture of the mitral valve, and a systolic bruit could be heard at a distance of at least two metres. He then goes on to investigate the question whether bruits which present all the characteristic phenomena of cardiac bruits, can be heard at a distance in cases where neither the heart nor any of the great vessels are affected. He quotes two cases where this peculiarity has been observed. One is that of Professor Baum in Göttingen, who is now 78 years old and perfectly strong and healthy, and who has never presented any symptoms which might lead to suspect that he was ever troubled with disease of the heart. It appears that this gentleman during three years, from 1854 to 1857, heard distinctly a sound, resembling that of a flute, which issued from his chest, and was synchronic with the heart-beat. The sound was particularly clear and distinct at night. Dr. Spiers, of Frankfort-on-the-Main, is said to have observed the same sound in himself; it vanished after some time. Professor Baum has observed a similar phenomenon in a clergyman who was perfectly healthy. The sound could be heard day and night, but disappeared in the course of time.—*London Med. Record*, Aug. 15, 1879.

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*On Traumatic Ruptures of the Heart.*

In considering these injuries, M. TERRILLON states (*Le Progrès Médical*, March 29th and April 5th) that fractures of the ribs, driving inwards of the sternum, and the penetration of missiles, are the ordinary causes of traumatic cardiac ruptures; three sorts of lesions may be thus produced.