

which a pericardial friction sound may simulate an endocardial bruit, yet is not the simulation rather between the former and a double aortic bruit than between the to-and-fro friction sound and a double murmur in the mitral area? As to question 2, the condition of the heart sounds at the end of treatment, on Aug. 17th the serum treatment was begun and on the 23rd the note stands, "Double murmur still heard at the apex"; and on the 26th, "Murmurs softer in character." From this date on the systolic murmur alone was heard at the apex, and the final note on Sept. 21st records, "Soft systolic murmur still faintly heard at apex." To-day, having expressly sent for the patient, I could not hear any murmur at the apex; in the pulmonary area there was a faint systolic bruit. A word as to the cardiac dulness. I have been astonished at the frequency with which in heart cases, especially among women and children, the note is found to be impaired above the third rib along the left border of the sternum. In my experience this is common in the second interspace and not very infrequent under the second rib cartilage; nor is the impairment confined to the immediate neighbourhood of the sternal border, but extends outwards a finger's breadth and more.

By cardiac cases here I mean mitral cases, both of incompetence and obstruction. Dr. Bramwell says: "I presume the cardiac dilatation would be chiefly due to the valvular defect rather than to changes in the cardiac muscle," but I must confess that I had interpreted the case otherwise and had explained the return of the heart to more normal dimensions as due chiefly to a recovery of the heart muscle. The case, it will be noted, was an acute one, the patient coming in on June 22nd and his first symptoms of cardiac discomfort having arisen on June 6th. But to look away from physical signs, how are we to explain a *cardiac* case in which there is an irregular, long-continued pyrexia associated with wasting and cachexia, and the appearance of successive outbreaks of an erythematous eruption, and finally with the discovery of streptococci in the blood? How can we explain such a case otherwise than as a septic cardiac case? Can a pericarditis cover it? I do not see how it can, but if it could it would be none the less septic. From a therapeutic point of view, then, this case of blood-poisoning, whether of endo- or exocardial origin, will belong to the same category, and its treatment will have the same interests; but I conceive that there is no room for doubt as to its endocardial nature.

I am, Sirs, yours faithfully,

Welbeck-street, Nov. 3rd, 1896. HARRINGTON SAINSBURY.

"APPLIED BACTERIOLOGY."

To the Editors of THE LANCET.

SIRS,—Your comment on the little book on "Applied Bacteriology" which Mr. Pearmain and I have just published is so fair that, though I am afraid that in some respects it does the work more than justice, I should like to explain one passage to which your reviewer took exception. The full quotation is: "In waters that have been very copiously contaminated with sewage there is no great difficulty in detecting the typhoid or colon bacillus, if present." No doubt the separation of the typhoid bacillus from the colon may sometimes be troublesome, as, indeed, we state in the account of typhoid on page 147. But I hardly think that the recognition of the one or other organism, as indicating sewage pollution, is likely to present any great difficulties even to students. In most cases, indeed, where we had any doubt as to the practicability of a method we practised it ourselves before describing it in this manual. With both colon and typhoid bacilli we repeatedly used artificially contaminated waters for trying the several methods described, and found no trouble at all with those which we ultimately recommended.

I am, Sirs, yours faithfully,

King's College, London, W.C., Nov. 2nd, 1896.

C. G. MOOR.

CONGENITAL DISLOCATION OF THE HIPS.

To the Editors of THE LANCET.

SIRS,—The report of a recent meeting of the British Orthopaedic Society, which appeared in THE LANCET of Oct. 31st, is not quite correct as regards the description of the cases which I exhibited. These cases were instances of ordinary double congenital dislocation of the hip-joints, and were shown as contrasts to a *quite exceptional case* which I described. The skiagraphs of these ordinary cases exhibit

shallow or rudimentary acetabula and malformed heads of the femora, whereas the skiagraph of the *exceptional case* shows well-formed acetabula and perfectly normal heads of the femora. I may add that the skiagraphs only confirm the opinion I formed of this patient's condition ten years ago, when my advice to try reduction under chloroform was not accepted, although the child was then only two years old. I shall shortly publish a full account of this case, but in the meantime shall be glad to correct the impression which may have been formed by anyone reading the report referred to above.

I am, Sirs, yours faithfully,

Cavendish-square, W., Nov. 3rd, 1896.

NOBLE SMITH.

"POOR ASSISTANT."

To the Editors of THE LANCET.

SIRS,—I have received a letter signed "Poor Assistant," and my correspondent wishes me to reply to him through your columns if you will kindly allow me to do so. "Poor Assistant's" difficulty is one which the Medical Defence Union can readily remove if he will send the full facts to Dr. Bateman, the General Secretary of the Medical Defence Union, addressed to the Offices, 20 and 21, King William-street, Strand, London, W.C.—I am, Sirs, yours faithfully,

Cavendish-square, W., Nov. 3rd, 1896.

VICTOR HORSLEY.

WANTED, AN IDENTIFICATION.

To the Editors of THE LANCET.

SIRS,—May I venture to ask you to add to your many acts of mercy yet another, and allow me to appeal to the readers of your valuable journal to help me to recover a missing daughter? My daughter left her home on the 26th ult. and has not since been heard of although I have used all means in my power to trace her. She has evidently got into bad company as when she left home she was well on in pregnancy, and must be confined, if she has not already become a mother.

The following is a description of her:—Age 22, but looks very much younger; dark; height about 4 ft. 7 in.; very pretty, with small features and good figure; sometimes she has a slight divergence in one of her eyes; one of her little fingers is bent inwards, the tendon being contracted. She had a good stock of clothes when she left home and took a large brown canvas trunk with initials L. E. C., but these may have been changed. Her name is Lillie or Lillian. It is not usual, I know, for you to publish such cases, but may I ask you to make an exception in this case and help save a girl from further ruin and a father from an unhappy life? To appeal to the medical profession seems my last chance, as her condition must come before some medical practitioner, if it has not already done so. Should any of your readers think that my description agrees with any person whom they have attended since the 26th ult., or may yet attend, I shall be extremely thankful if they will communicate with yourselves, begging you to forward the communication to me.

I am, Sirs, yours faithfully,

E. C.

* * We consider that the medical man who has attended this case will be justified in revealing the whereabouts of his patient. He will be violating no confidences of a professional character, for the condition of the girl is known to her parents and so is the fact that she has run away. On the other hand, he may possibly save her from a life of shame and earn her gratitude in time to come. We shall be happy to forward any information that we receive immediately to the parents.—ED. L.

"THE MEDICAL SERVICE AT ST. PAUL'S."

To the Editors of THE LANCET.

SIRS,—As one of those invited by the so-called Guild of St. Luke to the late function in St. Paul's Cathedral, described by an anonymous correspondent in THE LANCET of Oct. 31st, will you allow me to state some of my reasons for declining to take part in that proceeding and for withholding my sympathy from the whole movement, of which it is only a feeble expression? It is notorious that the churches have lately begun to assert themselves with unwonted activity, if not effrontery, and the