favors are bestowed in such a manner as to encourage true scholarship, there is much to be said in behalf of the favoritism method. Why should not the wishes of a man who helps financially to sustain the institution be regarded? Why should not a physician or surgeon be influenced by the wishes of his dearest friend or most profitable patient? The question is not intended even to suggest improper influence, but simply to say that the gentlemen referred to are subject to like influences as other men, and they cannot help trusting the children of their friends, who have grown up around them, rather than the strange young men who may be equally good, but whom they do not know.

Certainly this much must be said, internes appointed by vote are much more likely to be amenable to control than those who have compelled their appointment by virtue of a superior examination. A certain feeling of pride is natural to a man who has come off victorious in a contest, either mental or physical, with his fellows, and the winner of a hospital examination is probably a little more ready to criticise and instruct his visiting physician or surgeon than the man who owes his place to favor; and nobody supposes that the hospital suffers from the present method. Favoritism also gives a chance to those individuals who have not the ability or the industry to pass an examination, but do possess the faculty for learning by experience, and make, in the end, some of our finest practitioners.

Each method has its advantages, and each its disadvantages; neither can escape criticism, but neither needs to justify itself by showing that it is not the other.

X. Y. Z.

THE PLASTER-POSTERIOR SPLINT.

KEENE, N. H., *August* 6, 1884.

MR. EDITOR: *Sir*, — My attention has been called to the foot-note appended to a very interesting article by Dr. George W. Gay in the *Boston Medical and Surgical Journal* of July 24th, in which is said: "A practical demonstration of the plaster-posterior splint was made before the Society by Dr. R. A. Kingman, of Boston, who perfected and brought it into use in this vicinity while he was house surgeon at the City Hospital in 1881. The efficiency and popularity of the splint are largely due to Dr. Kingman's skill and ingenuity."

Will you kindly allow me to object to the idea of any great amount of ingenuity being shown by my friend Dr. Kingman in regard to this splint, and I feel sure he will agree with me in the objection.

Nearly five months before Dr. Kingman entered the City Hospital, Dr. George Goodhue, of New York, told me of this splint as having been successfully used in the New York hospitals, and from that time on Drs. Cutter, Bullard, Squires, and I used it, as needed, continuously and successfully, and the splint so minutely described by Dr. Gay is to all intents and purposes identical with the first one applied, February 22, 1881, by Dr. Cutter and myself, under the supervision of Dr. Goodhue; and the hospital records describe the use of this antero-posterior splint by the house surgeons many times before July 4, 1881, on which day Dr. Kingman entered the hospital as surgical interne. The point I wish to make is that, in view of these facts, it seems hardly fair to ascribe to Dr. Kingman's skill and ingenuity the "efficiency and popularity of this splint."

Very truly yours,

GEORGE H. BRIDGMAN, M. D.

Miscellany.

THE DIAGNOSIS OF MITRAL CONSTRICTION.

SIMPLE mitral constriction, remarks a writer in the *Medical Times and Gazette* January 5, 1884, is of far more frequent occurrence than is generally allowed, and its diagnosis probably presents greater difficulties than any other serious lesion of the valves on the left side of the heart. We exclude from consideration cases which are complicated by regurgitation, because the latter, when advanced enough to produce grave symptoms, is easily detected; and the presence of constriction as well in such cases is not of great practical importance. But when, as not rarely occurs, the question is whether stenosis of the mitral orifice be present, and the cause of serious symptoms, or whether the heart be healthy, and the distress and danger due to other conditions, accurate diagnosis becomes a matter of the utmost moment. In a typical case the observer feels a thrill at the apex preceding the impulse of the heart; he hears at the base a clear second sound over the aortic valves, an exaggerated one to the left of the sternum, and at the apex a rolling presystolic murmur, gradually increasing in intensity and leading up to a short and sharp first sound, which is not succeeded by any appreciable second sound. The diagnosis of mitral stenosis under such circumstances admits of little doubt. But in a second series of cases both murmur and thrill may be absent, and the heart's action regular, and the difficulty of detecting the disease then becomes great. The most striking auscultatory phenomena are accentuation of the second sound at the base to the left of the sternum, and, what is of much greater importance, a peculiar hesitation in the production of the first sound, a kind of "hanging fire," which is easier for the experienced auscultator to appreciate than to describe. Whatever be its origin, whether it be a faint sound caused by the blood passing through the constricted orifice into the ventricle, and so practically a murmur, or be due to a slowly beginning, though suddenly ending, ventricular contraction, it is a phenomenon which at once strikes the ear and suggests the nature of the disease. In these and all other cases of suspected constriction of the mitral orifice, the detection, if possible, of increase in size of the left auricle and right side of the heart yields valuable corroborative evidence. There is a third class of cases, in which there may be no murmur, no thrill, no hesitating first sound, but extreme irregularity of cardiac action, the beats being very frequent and very irregular both in rhythm and in force; so much so that a great many of them produce no pulsation at the wrist. In some cases as many as half the beats of the heart are not felt in the radial artery, so that the pulse there may be moderate in frequency, although the cardiac contractions succeed each other with extreme rapidity. Similar phenomena may likewise be observed in cases of simple dilatation of the heart with degeneration of its walls, such as occurs, for example, in chronic bronchitis and emphysema; but then the patient is usually past middle life. If grave cardiac symptoms be found in a comparatively young person, and if auscultation only reveal extreme irregularity in the heart's action, the presence of mitral stenosis ought to be at once suspected. The administration of digitalis in such cases not only often removes the patient's distress, and produces regularity and normal frequency of the heart's