Dr. Dayton Clarence Miller

Dear Sir,

I have just finished reading your

"The Science of Musical Sounds", which is a

very interesting, especially so as it was

the means by which three of us arrived

at something like an idea of the what

the appreciation of music consists.

I have two friends who have been for some
time discussing this interesting subject and

asked Mr. Vaughan Thomas (the Chief}\n
Musician of the Royal College of the College.

We concluded that there is both a

Science and an art of music, in which a

true musician should have a full

knowledge associated with a keen appreciation

of the higher harmonics.

An analogy put forward was the

Science of Chemistry, in the way the chemist
and the art of drinking the beer by 
the 'emotional' public.

I dare not push the analogy farther 
by suggesting that the diminution of judgment 
by means of alcohol increases the 
appreciation of music in a wholesome 
manner.

My chief object in writing is 
to call your kind on a matter which 
I am trying to work up in connection 
with 'Heart Sounds'.

I have already drawn attention to 
the fact that whilst medical authorities consider 
the first sound of the heart to be due to 
the contraction of the heart muscle, physiologists 
agree that a muscle when contracting 
produces no sound!

I have recently had published an article 
'on the subject to the American Medical Assn.' 
at 535 North Dearborn St., Chicago.

The enclosed memo. may give you 
some idea of what I am getting at.

I suggest that the fluid in the pericardium...
is responsible for the sounds heard by the stethoscope, and also for the curves produced by the cardiograph.

The cardiograph is a pseudo-scientific instrument which has recently affected medical men.

The curves are formed by the same impulses that are evidenced up the Abraham stethoscope.

The origin of the receiver and the heart is however fixed in a very arbitrary fashion, and I have shown that if one has a 1, 2, or 3 inch resonator receiver the form of the curves varies, but as regards shape it relates to the pulse.

A slight variation of the pressure whereby the receiver is held to the chest makes a difference in the curve.

I include some curves which you may be induced to analyse.
in the result of which analysis, I should be very interested.

They were taken from a boy aged 18 who had heart trouble - enlargement of cardiac dilatation, and loud sounds.

I hope you will pardon these writing of such a long letter, from your very truly,

[Signature]

G. A. Stevens