

by considering the patient's general condition and the *persistency* of the murmur. This last is the clinching point and is the final criterion to which uncertain cases must be brought. In plain terms, *we must wait to diagnose the murmur until it is no longer there to diagnose.*

In this short paper such a large number of case reports have necessarily been dealt with in the most superficial way. Many points,—such as the persistency of the first sound of the heart—have not even been mentioned; and there remain the 123 cases where the previous history or present condition suggests organic cardiac disease; a comparison of these with the 466 cases glanced at in this paper where the murmurs were all apparently functional, would be very interesting. But a closer study of a subject such as this, is better combined with work at the bedside. The examination of these cases yields results which are useful chiefly as a basis for further study, and which become valuable when the conclusions drawn from them are confirmed by the prolonged observation of individual cases by a single observer. I hope at some future date, through the continued kindness of the authorities of the Royal Victoria Hospital, to be able to make further use of the material before me in a more thorough investigation of the subject.