The first matter to recognize is this—the earlier a valvular lesion is established, the more complete is the muscular compensation set up, aud the better it is maintained. Thus, the establishment of a mitral lesion in childhood carries with it a far better prognosis than an equal lesion set up by gout or an attack of bronchitis in middle age.

The next is the extent of the lesion. The smaller it is, the easier it is compensated and the easier it is maintained. A small lesion requires no great compensation; and the less the compensation the longer it can be upheld; whereas, a large valve lesion will soon wear out any compensation the system can set up.

My experience in connection with valvular lesions of the heart is that their gravity is never underestimated. The general practitioner never errs upon that side of the wall. But, as all cases are not of the gravest order, a certain amount of over-estimation is experienced. A murmur is found indicative of a certain form of injury at a certain valve; and from this ensue orders so restrictive that life is made a burden to the patient. Sooner or later some of the friends insist upon a consultation with some recognised authority in the subject. I trust that as regards myself, like Dr. Geo. Balfour, I have pointed out how easily some difference of opinion may be created by the varying characters of murmurs—even when unquestionably connected causally with valve-changes. But even when trying one's best not to invalidate the previous opinion, it is not always possible to avoid doing so if conscientiously compelled to relax the rigorous regulations laid down by the original medical attendant.

It would do no real good to attempt to bolster up the first opinion. A man's skin is nearer to him than his shirt—to put the matter on the lowest grounds of selfishness. A consultant has his own reputation to guard. It is far more disastrous for him to trip in his own specialty than for a general practitioner to make a false step. Facts and time would simply disprove his opinions as ruthlessly as that of some other man less known in connection with the subject.

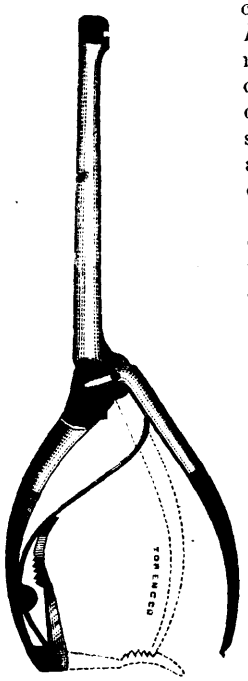
What, then, remains is to urge upon the general practitioner more caution in the first place. Young people with mitral lesions are not liable to die suddenly, as a rule. A quiet life of indoor employment is quite compatible with length of days in the case of a valvular lesion of moderate extent; only great mental shock or severe muscular exertion must be avoided. It the patient can get about without much distress, the lesion is not a large one; and with care, proper nutrition, and tonics (when required) the patient is not cut off from the possibility of making old bones.

One great matter to be clear about is this: fatty degeneration is a senile change only found in young persons under very peculiar circumstances. It is not until such necrobiosis is well established that the heart is apt to come to a standstill in diastole. The cardiac impulse may be weak and the first sound feeble, but this combination is insufficient to justify or warrant the conclusion of fatty degeneration. The heartwall may be temporarily weak and ill-nourished; and when this is the case with a valvular lesion, especially at the mitral orifice, symptoms of dropsy are liable to show themselves amidst other evidences of cardiac asthenia. But rest in bed, with careful feeding, will usually permit of the heartwall regaining its lost vigour, and with that the morbid phenomena disappear.

This may occur again and again until at last degeneration of the muscular ball interferes and prevents recovery, when the patient necessarily sinks. But the final ending is often long delayed; and in the earlier attacks rest in bed, good food, and remedial agents which increase the energy of the cardiac contractions will often give very satisfactory results. If instead of a hopeless prognosis which palsies energetic treatment, some medical men would pick up heart of grace and try what can be done, they would attain results often startling and gratifying to themselves and the friends of the patient; and, further, creditable to the reputation of the profession as a body.—FOTHERGILL, *in Hospital Gazette.*

HAGEDORN'S NEEDLES AND NEEDLE-HOLDER.

Dr. Powell has communicated the following description from the *London Lancet* of an excellent needle-holder and needles, devised by Dr. Hagedorn of Magdenburg. This instrument is used by himself and other gentlemen in the city.



"The needles are semicircular in shape, the section of the stem being an oblong parallelogram of the same thickness throughout its length. The point has a single cutting edge on its convex surface. The advantages which these needles have over the curved needles in general use are that the puncture they make is a fine slit at right angles with the edge of the wound to be united, and, therefore, when the suture is tightened the edges of the puncture are approximated, not made to gap;