

It would be instructive if one could state in figures the relative amount of time devoted by teachers of clinical medicine to valvular as compared with myocardial lesions. I may be wrong, but I believe the figures would show an even greater failure to emphasize and impress the relative importance of the latter. It would often appear as though the heart was studied, as if its chief components were lining, valves and orifices, the parenchyma being a negligible quantity. And this disparity is not explained by a greater frequency of disease in the pericardium and endocardium. As a matter of fact, the myocardium is more often affected than either. Thus Schott gives the relative proportions as 505 myocardial to 245 endocardial; and Babcock says "by far the largest number of persons who, at or after middle age, begin to manifest signs of cardio-muscular disturbance, are *not* the victims of valvular disease."

Myocardial lesions are therefore not only more important from the nature of the tissue involved, but also on account of their greater frequency. In this connection, it must not be forgotten that the coincident condition of the cardiac muscle is a factor of equal, if not greater, importance than the valvular lesion itself in determining the outcome of any case of valvular disease.

It is therefore unfortunate that the student of medicine should go into practice with an exaggerated idea of the importance of valvular disease, and a very hazy notion of myocardial.

Auscultation as an aid to cardiac diagnosis has not proved an unmixed blessing. Properly used, with a clear understanding of its limitations, auscultation is undoubtedly of great value. But, after all, it deals with sounds or murmurs, the interpretation of which often requires the widest knowledge, the greatest care and the soundest judgment without the exercise of which, auscultation may be worse than useless—it may actually be misleading. We all know that the presence of murmurs does not necessarily indicate a diseased heart, nor, what is even more important to bear in mind, their absence does not necessarily indicate a healthy heart. There is absolutely no warrant for a common inference that the heart is normal because the