is certainly free from the objections which render cutting so unpopular. The consent of the parents is easily obtained. No solution of the continuity of tissues is produced, to add to the complications which already exist. It is therefore bloodless. It is not particularly difficult of performance. The relief is many times immediate.

VALVULAR DISEASE OF THE HEART

Probably a considerable number of the readers of the *Hospital Gazette* will soon be encountering the problems of actual practice. These, they will find, are not so simple as the conundrums of the examination table; and answers which may be quite satisfactory to the examiners may scarcely be so successful with the anxious friends of the patients under their charge.

It is well not to underrate the gravity of any case. It is equally desirable not to overrate it. It is all very well to comprehend the significance of a cardiac murmur; but it is not well to build upon it a superstructure which is not warranted by the facts of the case, and which tumbles down in time.

Before the examiner the full significance of a cardiac murmur must ever be held up conspicuously. It indicates an intimate acquaintance with the pathology of the subject. But when a murmur is encountered in practice, it is not well always to make the most of it. Our knowledge of valvular disease of the heart is comparatively recent, and, consequently, our teaching has not escaped from the thraldom of our early text-books. The first observers have made the diagnosis from the physical signs, followed the case to the *post-mortem room* in order to see how far the diagnosis was correct. The dead-house was the natural sequel to every case recorded, in order to prove the value of careful physical examination. This was the infancy of knowledge. But at the present time our acquaintance with valvular lesions is almost as complete as it is ever likely to be—unless some new method or means of examining the heart be discovered. With the requisite knowledge and habitual carefulness in diagnosis, any ordinary valvular lesion of the heart ought not to present any difficulty.

And yet we find Geo. Balfour, a recognized authority on disease of the heart (who thinks we can often recognize the condition of the heart in life almost as accurately as if we had the organ before us), writing as follows about the coming and going of murmurs—accepted at the examination table as almost infallible guides:—"It not unfrequently happens that a patient presents himself with a note from his ordinary medical attendant stating that so-and-so labours under cardiac valvular disease, and yet on careful examination no murmur can be detected." Yet possibly, even probably, the ordinary medical attendant has not been careless, or in error. How is this explained? Balfour says it is due to "the very remarkable manner in which even murmurs dependent upon recognised organic lesions change and vary, and not infrequently disappear, the lesion of course still remaining." From this it would seem that recognized valvular disease may not be marked by a persistent, unvarying, ever-present murmur, which can implicitly be trusted.

But it may be well to consider briefly how far murmurs may exist without evidence of valvular mischief, and how far such valve-change may exist without giving rise to a murmur. In other words, to review the matters of murmurs and their production. It is chiefly with stenotic or obstructive murmurs that mistakes are made in practice. A murmur may be due to rough edges, or growth on the free borders of the valve-curtains, and be heard always loud and unmistakable; and yet there may be no valid evidence of actual disease. Or some displacement of the heart, as by pleuro-pericardial inflammation, may so modify the blood-current as to give rise to a loud murmur—and nothing more. Or there may be an exocardial murmur present. Such are the common pitfalls, as experience tells.

But even regurgitant murmurs are not always trustworthy. Prof. Gairdner, of Glasgow, some years ago, put on record a case of aortic regurgitation where shortly before death the characteristic murmur disappeared. Yet this is the most stable and trustworthy of all murmurs. And in this case a well marked amount of valvular disease was found on post-mortem examination.

It is not, however, with rare cases, but with the every day matters of ordinary practice, this article is chiefly concerned. A murmur is heard—a distinct well-marked murmur, accepted as indicative of a certain form of mutilation, at a certain valvular orifice. The practitioner is fairly justified in diagnosing a certain form of valve lesion. There is no mistake about the diagnosis. Any authority upon the subject subsequently consulted at once confirms the diagnosis. There is no conflict, no questioning about the diagnosis. But the prognosis is a very different affair.

The general practitioner has had many matters to attend to, and valvular lesions of the heart have not specially attracted his attention. Consequently, when brought face to face with a concrete valve-lesion he does not feel quite at home with the subject. The diagnosis he is fairly clear about. As to the existence of a lesion, yes, but as to all the outcomes thereof, such as the extent of injury, the amount of danger to life involved therein, how far the patient is disabled, and what amount of effort is alone safe and compatible with existence? These are subjects on which questions will be asked and answers expected. How are these questions to be answered?