

Commenting on the cases Dr. Adami said: "In these two hearts, apart from other points of interest, we have the history of well-marked presystolic murmur associated with the diametrically opposite conditions of extreme stenosis and of dilatation of the mitral orifice. In the one case the stream of blood pouring through from the left auricle into the ventricle at the end of ventricular diastole must have been peculiarly fine and have passed through with considerable force; in the other there must have been a large stream passing slowly. In the former the wall of the auricle was distinctly of a muscular type; in the latter the muscle was thinned and weakened. The edges of the mitral orifice in the case of stenosis were smooth, in that of the dilatation were slightly roughened.

"These two cases then, so far as they go, show that the presystolic murmur is not dependent upon the absolute size of the orifice, and I would go so far as to say that with such extremes it cannot be dependent even on the relative size. They show also that the condition of the edges of the orifice, through which the stream of blood pours, must only play a secondary part; and, in short, if we accept the view that the presystolic murmur is auricular systolic, due to the pouring of blood into the ventricle in consequence of the contractions of the auricle, they make it extremely difficult to assign a cause for its development. The one point in common in the two cases is disease of the mitral valve. That, so far as I can see, is the only common ground."