Systolic murmurs are not uncommon at the apex in exophthalmic goitre. But here, again, there is generally a distinct cardiac enlargement, and there is much evidence to lead one to believe that these murmurs are the result of true insufficiency of the mitral ring, dependent upon dilatation.

TRANSIENT AORTIC AND PULMONARY INSUFFICIENCY.

Before discussing the *raison d'ètre* of these various functional murmurs, it may be well to say a word as to the occurrence of murmurs indicating aortic and pulmonary insufficiency in the absence of disease of the valves. Aortic insufficiency of muscular origin is only to be recognized by prolonged observation of the case. The writer has, however, met with a number of cases sufficient to convince him of its actual occurrence.

In two instances after typhoid fever, he has seen the development and disappearance, with complete convalescence, of a characteristic murmur of aortic insufficiency, associated with slight cardiac enlargement, and a noticeably collapsing quality of the pulse.

He has also met with a similar condition in two cases of exophthalmic goitre. Both of these cases are sufficiently remarkable to deserve a brief note.

The first case was that of a trained nurse, who, showing marked symptoms of exophthalmic goitre, consulted with me with regard to operation. As there was evidently double mitral valvular disease, together with an aortic insufficiency, operation was not advised. The wise patient, however, took matters in her own hands, and repaired to Dr. Olmstead, of Hamilton, who performed a thyroid dectomy, which resulted in complete recovery. On examination of the patient some six months later, I was surprised to find that all traces of aortic insufficiency had disappeared. This nurse has since then been doing active work for ten years. Last year I had the privilege of examining her again, and found evidence of old, double mitral disease in perfect compensation, but no signs of an aortic insufficiency.

The second case was that of Mrs. S., aged 38, who first entered the hospital in March, 1901, with distinct symptoms of exophthalmic goitre. No cardiac abnormality was noted. She returned in June, 1905. At this time there was some irregularity of the heart and a slight systolic murmur all over the area. The cardiac apex was 10 cm. from the median line. The urine showed a trace of albumen and a few hyaline and finely granular casts.

Two years later, in November, 1907, I saw the patient again. Dyspnea and œdema of the feet had come on nearly a year before, and had been gradually increasing. She was anæmic;