

the discovery of the presence of a murmur has been a revelation—those who have experienced no discomfort or inconvenience of any kind in their ordinary avocations—very often have a hypertrophied heart. We now know that the hypertrophy in many of these cases is a healthy condition and one that makes compensation for the leaky state of the valves. We feel satisfied that so long as that compensation exists the danger of death from “failure” is averted. If this abnormal state of the heart is found in an apparently healthy young man in whom development is not yet complete, the chances are very strong in favour of his reaching the expectation of his life so far as his heart is concerned. When, however, the lesion is the result of disease past middle life the hypertrophy may be absent or of short duration, and there is greater danger of the ventricular power failing with its attendant consequences. It is this failing power we have to fear in these cases. In cases such as these we ought especially to take into account the mode of life, as that undoubtedly has a direct bearing on the heart overcoming and continuing to do so the increased strain put upon it by the leaky valves. An individual accustomed to a quiet easy life with plenty of fresh air has much better chances than one more actively engaged and subject to mental worry and excitement. The free use of tobacco or of alcohol unquestionably increases the danger in these cases. Another point that must have a great deal to do with the comfort of these heart cases is the quantity of food that is taken. That, however, is a question more for the consulting physician than for the medical examiner for life insurance. Although important, the latter cannot question the applicant in that direction as I fear he might consider it impertinent and of no bearing on his case.

Sir William Broadbent says “lots of people develop a mitral murmur about fifty who live to seventy and upwards.”

Now with regard to aortic murmurs, in considering their importance we must take into consideration our clinical experience. Whilst aortic regurgitant murmurs as a rule have a very uncertain future about them, the obstructive murmur is much less to be dreaded. When we take into consideration the fact that about one-third of these latter cases are of rheumatic origin, and when due to acute rheumatic fever occur most frequently in the young, we are confident that we are likely to have a compensating hypertrophy that will probably permit of a long life. Then again many of these cases may not have any increased resistance in the way of stenosis to overcome or it may be extremely slight and the murmur due solely to the presence of vegetations producing slight roughening of the valves.

Quite otherwise is it with the regurgitant aortic murmur whether associated or not with abnormal first sound. We know well that the nutrition of the heart must suffer from imperfect supply of blood through