

In conclusion, then, the writer would urge:

(1) That a cardiac murmur is but one, and sometimes an unimportant one, of the links in the chain of evidence leading to the recognition of disease of the heart.

(2) That certain cardiac murmurs are present normally in a large proportion of healthy young people.

(3) That the commoner forms of these murmurs are:

(a) The basic systolic murmurs heard best in the 3rd left interspace and often all over the area in the recumbent posture, and disappearing on full inspiration.

(b) The systolic murmurs, sometimes limited to the apex, sometimes heard all over the cardiac area in the recumbent posture—disappearing in the erect posture.

(c) The cardio-respiratory-inspiratory murmurs.

(4) That the truly functional murmurs—those heard in healthy individuals—should be carefully distinguished from those other murmurs which may arise at various orifices without actual valvular disease, but, nevertheless, as a result of pathological changes in the heart muscles or in the blood: *i.e.*, the anæmic murmurs—the murmurs, systolic and diastolic, dependent upon weakness of the heart muscle.

(5) That a familiarity with the cardiac murmurs common in the normal individual is at least as important as an acquaintance with those murmurs which are associated with cardiac disease.