

This condition on which Potain insists is, in my experience, rare. In general, however, it may be said with considerable assurance that heart murmurs, limited to a single phase of the respiration, or heard in one position of the body alone, are in the great majority of cases, quite devoid of pathological significance.

There are, however, other murmurs unassociated with essential and incurable cardiac lesions, which are commonly considered in the same class as those already mentioned. This does not seem to the writer fitting. He prefers to consider them apart, as they are after all associated with definite though perhaps not serious disease. Among these are:

1. *Those murmurs associated with anæmias of all sorts.*

These are, on the one hand: (a) Soft systolic murmurs heard at the base, more commonly at the pulmonic than at the aortic orifice, but frequently at both. In these individuals the pulse is often large and soft, and the throbbing of the arteries is generally noticeable.

(b) Systolic murmurs at the mitral and tricuspid orifices. These murmurs are also soft and blowing, sometimes, however, largely replacing the first sound. They are not infrequently transmitted to the axilla or even to the back, and the second pulmonic may be somewhat accentuated, while commonly the heart is slightly large.

2. *Systolic apical murmurs occurring especially in the course of an acute infectious disease* (acute rheumatism and typhoid fever, especially), where, however, there may be relatively little anæmia. In these patients the first sound is usually dulled, and may be wholly replaced by the murmur. Here, again, there is generally a slight cardiac enlargement; the murmur may be transmitted to the axilla and the second pulmonic may be slightly accentuated. I have considered these two conditions in a separate class, because, although there may be no valvular disease, yet the slight enlargement of the heart, the enfeeblement of the first sound, the accentuation of the second pulmonic, the behavior of the heart on exertion, justify one in assuming the existence of a true weakness of the heart muscle with dilatation of the orifices and secondary mitral and perhaps tricuspid insufficiency. The general condition of cardiac weakness and secondary mitral and tricuspid insufficiency form a picture perfectly distinct from that presented by normal individuals with cardiac murmurs of the three first-mentioned types with which we are concerned.