

important that we should at times take stock of our knowledge of the principal subjects in medicine. It is very evident, as remarked by Dr. Skerritt in the Bradshaw lecture, prognosis depends upon a correct diagnosis. As it is difficult to separate the two I shall refer briefly to some of the diagnostic points which are more intimately connected with the prognosis in certain cases.

(1) In the first half of life, valvular lesions are the result of endocarditis, and the prognosis during the attack depends largely upon the nature of the infective agent. If endocarditis occurs during an attack of rheumatism, the immediate prognosis is favorable, but the liability to the occurrence renders the future more uncertain. It is well known that when endocarditis occurs in the first attack of rheumatism recurrences of this disease are usually accompanied by fresh attacks of inflammation of the endocardium. Rheumatic endocarditis in young children is often fatal, due to the presence of peri and myocarditis. After forty years of age recurrent attacks of rheumatism generally cease. When they do occur they are not so likely to be accompanied by a fresh attack of endocarditis.

On the other hand, endocarditis which results from scarlatina is not likely to recur, and, other things being equal, is on that account more favorable than the form due to rheumatism. The prognosis in endocarditis due to other infective agents depends largely upon the particular micro organism present, as well as the resisting power of the constitution. In this connection, I would briefly mention two or three cases of chronic infective endocarditis in my practice in which the fatal termination occurred after an illness of six or eight months.

Physicians have for years noted the presence of systolic bruits which have occurred during the course of rheumatism, and have disappeared, leaving the heart apparently healthy. It is difficult to determine whether these bruits have been caused by changes in the valves or by a special condition of the blood.

Then, again, even when the endocardial murmur exists throughout the greater part of an acute attack, complete recovery takes place in a certain proportion of cases. Latham in a series of sixty-three cases records that "perfect reparation occurred in seventeen, for in those the murmur ceased entirely." Gibson records twenty-five recoveries out of fifty-one from mytroc-carditis (Skerritt).

I have myself observed cases in which a murmur occurred during an attack of rheumatism and lasted in some cases a few days and then disappeared. In one case, that of a girl twelve years