

chronic, with urine still acid, the latter point being carefully noted, and its reason evident. Also in gonorrhœa in the third stage, or in gleet, its action being just that of copaiba and the similar oils in ordinary use in such cases. The latter field of action is the last, according to the anatomical basis laid down for our guidance in the consideration of the subject. The familiar aphrodisiac action of the drug depends upon its effect here, and if combined with iron, phosphoric acid and strychnine it is often of service in impotence, whether due to old age, self-abuse, or sexual excess. As an abortive it is very dangerous.

### VALVULAR HEART LESIONS.

A question that not infrequently arises to confront the conscientious medical man, who has discovered a cardiac murmur in the course of a physical examination, is, whether or not it is his duty to inform the patient that he is suffering from "heart disease." For there can be no doubt that many subjects who present what are called murmurs, live out the allotted span of life, or die of some inter-current affection having no connection with the heart; and the cruelty of damning some young man's career, by hanging the sword of sudden death over him, will be apparent to any thinking man. When students are learning auscultation at the bedside, it would be well if at the same time, they were informed that the presence of a valvular lesion, does not necessarily indicate that treatment is called for. Indeed as treatment, even when indicated, is usually of little avail, it is seldom necessary to inform the patient of the existence of a lesion, for the information cannot have other than an extremely prejudicial effect upon his peace of mind, and will tend to increase his trouble, if he has as yet complained of any. In many cases not presenting acute symptoms, it would be well to keep in mind the old adage, "Where ignorance is bliss 'tis folly to be wise." As Sir Andrew Clark sententiously remarked on one occasion, when the prognostic value of valvular lesions was under discussion. "It is quite early enough to tell a patient that he has disease of the heart," when the results are beginning to make themselves felt."

In addition to this, he told the story of a certain hospital secretary, to whom it became necessary

to insure his life at a time when he was making all the arrangements for getting married.

On undergoing the examination, he was rejected upon the ground [that he was suffering from a serious form of heart trouble, which, upon further pressing, the doctor opined would prove fatal at some undetermined, but in all probability not far distant, period.

The result was the breaking off of the matrimonial engagement, and as the authorities of the institution didn't like the idea of their secretary suddenly dropping dead about the premises, he was pensioned off on full pay, on the tacit understanding that he was not going to live long. That gentleman, though willing to be obliging under ordinary circumstances, lived long enough to be examined by Sir Andrew, a decade or two later, for some totally distinct affection. The writer knows of two young medical men suffering from valvular disease, accidentally discovered while practising auscultation in college days, who live lives of constant misery and dread, ever on the outlook for some symptoms of active trouble. Instances such as these could be multiplied *ad infinitum*, and serve to point out the necessity of great caution upon the part of physicians, who may, by a needless word, blast a promising career forever.

We must not forget moreover, that valuable as are the indications derived from auscultation, they are by no means absolute, and in order to make a correct prognosis, it is necessary to take into consideration the effects of the supposed lesion, as evidenced by the symptoms. In a certain proportion of the cases in which there is evidence of "something wrong with the heart," no symptoms of any kind are produced. Sometimes this is due to the fact that the lesion is due to a malformation, which has been fully compensated in the course of development, and entails no physical incapacity so far as the integrity of the circulation is concerned. In other words the abnormality may have become normal. Then too, we all are aware that the lesions which give rise to signs, most easily recognized by means of the stethoscope, are frequently of small importance intrinsically; indeed, it is an axiom that the most serious lesions are often the least obvious, and conversely.

We must be guided then in these cases by the amount of physical disturbance present with the