pitched musical murmur and the low-pitched characteristic diastolic murmur of aortic insufficience.

(2) It is anomalous to find a diastolic thrill so widely palpable. According to Gibson,—"They are rarely felt except in the precordial region, more especially towards the lower part of the sternum and in the neighborhood of the apex."

(3) A murmur audible so far from the chest-wall is rarely observed.

(4) With equal truth it may be said, further, that a musical diastolic murmur is an anomalous sign.

Concerning the cause of this quality of the murmur (4), we thought upon diverse possibilities, and chief among these was a condition of rup-tured or distorted aortic cusp occurring in an atheromatous subject at that time when he sustained a heavy strain with an overloaded wheelbarrow. It is well known that the aortic valve segments are those injured most frequently by an over-strain, and some years ago C. Theodore Williams reported a case having a musical diastolic murmur which was subsequently shown to be due to a damaged valve-cusp, the border of which "was retroverted into the ventricle and vibrated in the regurgi-tant stream." Another possibility was that some fibrous band was floating in the blood stream, one end attached, or, perhaps both ends fixed. How true this last possible condition was the autopsy has shown. It would appear that this arrangement of the chordæ tendincæ is a congenital anomaly. They may find their point of valvular insertion at the edges or upon the ventricular surface of the valve, but rarely is it found so high up. Such an anomaly was without signs while the blood stream flowed in the normal direction; once regurgitation took place through the aortic orifice the stream of blood set these cords in vibration and, under the increased tension induced by a dilating ventricle and before myocardial changes became pronounced, the musical murmur was produced. Then followed the period of dilatation with muscular changes inducing loss of tone and both thrill and murmur became less pronounced.

Aberrant chordæ tendineæ, though comparatively rare, have been observed by many writers, and in some instances a diagnosis of their presence has been made during life. H. Huchard, in the *Revue de Médicine*, 1893, describes five cases, three of which were diagnosed during life. The greater number of such cases, Huchard believes, are congenital anomalies, while but a few are due to pathological changes, principally those due to atrophy of the left ventricular trabecula. They are very rarely found in any other chamber of the heart. Murmurs produced by them are associated with those found in the upper part of the ventricle, and are almost always systolic in rhythm and posess a musical quality.