

avocations, and wholly unconscious of any malady, who, if auscultated, would be found to have organic disease of the heart. In a certain proportion of these persons the existence of cardiac disease will hereafter be manifested by symptoms and morbid effects; some may at length die from the disease, but in not a few, even if life continue for many years, the only evidence of the disease will be, as now, the presence of one or more of the cardiac murmurs, and death will be caused by some affection which has no connection with the lesions existing in the heart. In cases of innocuous lesions the harm of physical diagnosis is sometimes apparent. Let the simple statement be made authoritatively to one having an innocuous lesion that he has an organic disease of the heart, and he will be likely to look upon himself as doomed. If he be a timid, nervous man, he has received a moral blow from which he does not recover. He sees a sword suspended over him. He is under sentence of death. Not only is he hurt as regards his comfort and happiness, but the depressing effect of the diagnosis, and the altered habits of life to which it may lead, sometimes contribute to impair health, and tend, perhaps, to shorten life.

I would not for an instant have it supposed that I mean to disparage physical diagnosis. I wish only to place in a strong light the importance of going further than to the fact of the existence of organic disease of the heart. In other words, I would prepare the way for saying that, with reference to the prognosis, more information than the murmurs can furnish is indispensable. What has just been said concerning the long-continued innocuousness of cardiac lesions, I may add, is warranted by my own observations. I have records of cases in which organic endocardial murmurs existed from ten to thirty years ago, the persons now living, and exempt from ailments referrible to disease of the heart.

It is difficult, without the lessons of clinical experience, to appreciate the fact that the intensity and quality of heart-murmurs are not of much account in judging of the importance of valvular lesions. A murmur very loud, notably rough or musical, it would seem, should denote graver lesions than one which is feeble, soft, and blowing. Experience, however, shows that it is not so. A striking illustration of this fact came under my observation some time since. A gentleman from Cuba consulted me for disease of the heart. He had a musical murmur loud enough to be heard with the ear removed some inches from the chest. The sound had attracted his attention, and this first led him to see a physician. He was told that

he had disease of the heart, of which he had previously had no suspicion, having no ailments referrible to that organ, and, indeed, considering himself perfectly well. He became at once a medical curiosity, and he had been examined by many physicians. The case exemplified the fact that the diagnosis of a cardiac lesion is sometimes a misfortune. The man had no peace of mind after the discovery of the murmur. He relinquished his business, and came to this country for medical opinions. The lesion, as regards present importance, was innocuous; and had he remained ignorant of its existence, he would not only have been contented and comfortable, but his condition would probably have been more favorable for the preservation of health.

It follows, from what has been said, that, with reference to prognosis, it is important to go further in diagnosis than to determine, from the presence of murmur, the existence of an organic disease of the heart. If we except the accident of embolism, we are warranted in saying that, as a rule, in cases of valvular lesions giving rise to murmurs, whatever be their number, intensity, and quality, there is no danger, either immediate or near at hand, so long as the heart is not enlarged; for clinical observation shows that, in general, valvular lesions cause enlargement of the heart before leading to more remote effects which involve distress and jeopardize life. Moreover, clinical observation shows that in most cases enlargement of the heart is produced by valvular lesions slowly, the ulterior effects being, of course, proportionately distant. I would remark, in this connection, that, in order to judge of the import of organic murmurs, aside from enlargement of the heart, the heart-sounds claim more attention from stethoscopists than is usually given to them. It is certain that the aortic and the pulmonic second sound can generally be interrogated separately by auscultation; and I believe this statement may also be made with respect to the mitral and the tricuspid valvular element of the first sound. The absence of any abnormal modifications of these several components of the two sounds of the heart is an important point in judging of the innocuousness of valvular lesions, the existence of which is revealed by the presence of murmur.

The compensatory and conservative provisions which are strikingly manifested in the diseases of the heart, possess much interest and importance in connection with the subject under consideration. I have just said that valvular lesions, as a rule, are without danger if the heart be not enlarged.