

exploration, to an extent which could hardly have been dreamed of by the illustrious founder of auscultation. At the present moment, thanks to auscultation and percussion, the diseases of the heart are discriminated with more promptness, precision, and positiveness, than those of any other province in the nosology. The wonderful accuracy with which, by means of physical signs, cardiac lesions are now detected and differentiated, constitutes a basis for prognosis vastly broader and more solid than formerly existed; yet, fundamental in importance as is the diagnosis, our predictions are by no means to rest on this alone. In the course of the remarks which are to follow, it will be seen that too exclusive reliance on the information afforded by physical signs, is apt to lead to errors in prognosis, which are sometimes so prejudicial to the welfare of patients, that it would have been better had the information not been obtained. It is a strange, but nevertheless a true statement, that the perfection of the physical diagnosis of diseases of the heart may be made to do harm rather than good. This, however, arises from not duly appreciating circumstances which are to be taken into account in conjunction with the diagnosis. Diagnosis, as I have said, is the basis of prognosis; but clinical experience furnishes the materials for building the latter upon the former. Practical skill in prognosis implies, in addition to accuracy of diagnosis, sound clinical experience. The two qualifications cannot be disjoined; the judgment of one whose knowledge is limited to diagnosis, be he never so skilful in this department of our art, is often unreliable; and, on the other hand, the opinions of the clinical observer without claims as a diagnostician have no secure basis.

The topic which first suggests itself, in entering upon my subject, is the importance of determining the existence, or otherwise, of lesions of any kind in cases of a chronic affection of the heart. A patient has symptoms referrible especially or chiefly to this organ. Its action is disordered, as shown by undue violence, irregularity or remittance, and these symptoms may persist, or recur at short intervals, so that there is an affection which may be said to be chronic. To the symptoms just named may be added dyspnoea, a sense of oppression or undefinable distress referred to the precordia. Under certain circumstances, general dropsy occurs, the kidneys being free from disease. Now, with these symptomatic phenomena, cardiac lesions do not necessarily exist; the heart may be sound, the disturbance being purely functional. Even the affection known as angina pectoris may be well marked without being associated with organic dis-

ease of the heart. It is probable that this affection may occasion sudden death without any coexisting cardiac lesions, although the instances must be exceedingly rare. Excepting those rare instances of angina pectoris, we are warranted in saying that, if the affection of the heart be purely functional, there is no danger; we may commit ourselves unreservedly to a favorable prognosis. The simple question, then, as regards the prognosis, is, Are there, or are there not, cardiac lesions? This question is to be settled by physical exploration. Here diagnosis is in itself sufficient and supreme. Does a careful examination by auscultation and percussion show an absence of all morbid signs denoting lesions? We may declare the affection to be purely functional, and on this basis give positive assurances of the absence of danger.

It is certainly an unfortunate error to pronounce a verdict of organic disease of the heart in cases of purely functional disorder, the more because the disturbance of the heart's action, in such cases, were it attributable to lesions, would denote more or less immediate danger. Now, on the other hand, is it an error without unpleasant consequences, as regards the reputation of the physician, if not the welfare of the patient, to declare, in cases of organic disease, that there is only a functional malady? Both these errors cannot fail to fall to the lot of those who venture upon a positive diagnosis without the aid of physical signs. It is sometimes hardly less unfortunate, as regards the moral effect upon the patient, if, thinking that "discretion is the better part of valor," the physician refrains from hazarding a definite opinion; for the patient who may have only a functional affection, infers that he has organic disease, and that the physician is unwilling to communicate the fact of its existence.

An important aspect under which the prognosis of chronic diseases of the heart is to be considered, is the innocuousness of certain lesions. Lesions of the valves, as is well known, are represented by adventitious sounds known as endocardial murmurs. By means of these murmurs the existence of valvular lesions is determined, and they are readily localized. If there be found, in any case, endocardial murmur or murmurs persisting, and not due to a morbid condition of the blood, we have the proof of a chronic structural affection; there is organic disease of the heart. But the lesions which give rise to murmurs are by no means always of importance as regards immediate or even remote evil consequences. They may be devoid, not only of danger, but of any morbid symptoms. There are many persons pursuing their various