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filling such positions men who have certain defects that would impair their ability to undergo the extreme exertion of the front though they in no way limit their usefulness in the special services of the army not requiring great physical effort. Furthermore, as man power diminishes in a prolonged war, nations find it necessary to enrol, even for service at the front, men with physical defects that would bar them from such service at the beginning of the war when the supply of men is abundant. The Central Powers in Europe are already sending men known to have valvular diseases of the heart to the front, men who earlier in the war had been rejected because of their physical unfitness. From the reports of how these men's hearts behave under strain and also from the reports upon observations in the allied armies of the Entente upon men returned from the front with old heart lesions that had escaped detection before they were sent, we are now rapidly acquiring information as to what diseased hearts will bear, information that will stand us in good stead should the war, unhappily, be prolonged to a period when our own man power shall have diminished to a degree necessitating action similar to that which has already been forced upon the Central Powers. Though this condition may never arise with the Allies, Dr. Barker thought medical men should realize its possibility.

Dr. Barker gave special praise to the excellent work that had been done on the Cardiovascular system by the late Professor Theodore Janeway, with a view to aiding medical men in the selection of recruits for the army.

Many of the classifications of heart murmurs, especially those given by writers on military subjects, seem to me unnecessarily elaborate and confusing. The simpler the classification, provided it is adequate, the better. The following simple classification would seem to be sufficient:

- 1. Intracardiac Murmurs.
 - A. Organic (due to diseased heart valves).
 - B. Inorganic (not due to diseased heart valves).
 - 1. Murmurs due to relative insufficiency.
 - Accidental murmurs due to (a) Abnormal composition of the blood; (b) Changes in velocity of flow; (c) Slight abnormalities of contraction due to nervous or other causes.

2. Extracardiac Murmurs.

A. Pericardial and pleuropericardial friction sounds.

B. Cardiorespiratory murmurs.

C. Precordial crackling of mediastinal emphysema.

D. Splashing and water-wheel sounds.

Even this simple list is formidable enough, but if the practitioner has been (1) trained in the analysis of the features presented by heart

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