he found recent endocarditis, with vegetations on the aortic and mitral valves.

Bristowe says a subject of endocarditis remains liable to fresh attacks of the inflammation, and there is every probability to suppose that Case 2 was a former subject of endocarditis. I think there is some proof, that not only were the aortic valves then affected, but also the mitral, for a contracted liver of three inches vertical dulness was noted, which would be accounted for by chronic mitral incompetency. If this be the correct view, then compensation had later on improved, so as to be about perfect, but was again lost during the course of the fever to an appreciable extent, and regained as convalescence advanced. The cause of this slight loss of compensation and recovery will be discussed later on, and is not an endocarditis.

But endocarditis cannot be thus easily dismissed, for certain points are strongly in its favor. Thus Bristowe says: "If in the progress of any one of those diseases of which endocarditis is a common complication, we detect a cardiac murmur which had not previously existed; or if further observation proves this to be a permanent phenomenon; or if changes in it indicative of increasing mischief take place; or if additional murmurs become developed, we cannot reasonably doubt that endocarditis is present." And as further support he says: "We must not forget that direct murmurs due to granulations occasionally disappear."

Now, in regard to these statements, we must note that Bristowe speaks of those diseases in which endocarditis is a common complication, which statement lessens the value of the observation when we try to apply it to typhoid; for endocarditis is not a common complication of it. Bristowe, in making this statement, was carefully weighing evidences and probabilities, which were of value only in the class of cases he was thinking of, so that having taken typhoid out of that class, the probabilities of endocarditis being present are reduced, unless new evidence is forthcoming.

The fact that our murmurs lessened and disappeared is, of course, not at all contrary to the view that endocarditis was their cause; but the fact that they lessened and disappeared coincidently with the return of strength, as convalescence advanced, strongly suggests another cause, which either will