the pulse was collapsing and rather irregular, about 100. The heart was large, the apex impulse 12 cm. from the median line. There was a systolic murmur heard all over the cardiac area, loudest at the base and transmitted upwards into the cartoids. A slight diastolic murmur was distinctly heard along the left sternal margin. The second pulmonic sound was accentuated.

The patient entered the hospital, where she remained for nearly three months. Rest was followed by but little improvement. The heart increased in size, the apex impulse being recorded as 14½ cm. from the median line. The urine showed a trace of albumen and a few hyaline and granular casts.

In December and January a large part of the thyroid was removed in two operations. This was followed by some improvement, but the œdema never wholly disappeared. At the end of February she left for home improved, but in a condition far from satisfactory. At the time of departure the apex impulse was 14½ cm. from the mid-sternal line. The systolic murmur was still heard all over the area, but the diastolic murmur was no longer audible.

About nine months later I saw the patient again in Atlanta. She had improved in many ways, was able to walk about and was free from œdema. The heart was somewhat irregular, about 100. There were no cardiac murmurs, but there was a slight proto-diastolic gallop at the apex. In October, 1909, a year later, she walked into my consulting-room, apparently well. Her pulse was still a little rapid, about 100, and somewhat irregular. The apex was two or three cm. nearer the median line (11.5-12). There was a soft basic systolic murmur barely audible, but no murmur at the apex, and no trace of a diastolic murmur at the base or along the sternal border.

A most interesting case of similar character, following tonsilitis and polyarthritis, I met with last year. J. L., a colleague and friend, consulted me on Sept. 3, 1909. He had been in bed for two weeks with polyarthritis, following tonsilitis. He looked pale and worn-out. I had examined his heart about a year before and found no abnormalities. On this occasion the pulse was slightly abrupt, and the heart a little large. The apex impulse was in the fifth space, 9 cm. from the median line, while the dulness extended 4.2 cm. to the right. There was a slight diastolic murmur in the aortic area and along the left sternal border, although the second aortic sound was fairly sharp. An endocarditis was feared. A month later, however, the heart was somewhat smaller, the pulse no longer collapsing, and the aortic murmur was wholly gone. Six months after this he was in good