treatment which I have now carried out for fifteen years? Let me first tell you what were the results following a merely expectant treatment carried on during several previous years, treating only the rheumatism and leaving the heart to take care of itself. In a number of my cases which I watched and followed carefully, the patient went out of hospital with a *bruit*, which unhappily was the origin of permanent heart disease, in almost all cases the mitral being the valve in fault. It was this succession of ill consequences which caused me to seek after some better system. After that I experimented the several methods which had been proposed by old writers, but without any encouraging result.

During the last fifteen years I have treated 85 cases of valvulitis in hospital on the plan above described. Of these, 54 already had signs of cardiac trouble, apparently recent when they came under my charge. Of these, after being subjected to the treatment above detailed, 34 left hospital with apparently sound hearts, while 20 had, I fear, valvular disease. Of course in many of these cases one could not be sure that the valvular mischief was really of recent occurence. Thirty-one cases came into hospital with sound hearts (or at least having no *bruit*) and valvulitis occured in hospital; they were treated *ab initio*. Of these, 27 went out with apparently sound hearts, 3 lapsed into permanent disease of the valve, and 1 remains under treatment. This has been a highly satisfactory result. Some of you have seen certain of these cases, but rarely more than one or two, because the series has extended over a period of fifteen years.

After prolonged treatment the *bruit* is found to become soft and to be heard with increasing difficulty; it then becomes variable; sometimes heard and sometimes not. A time comes when it is heard when the patient is recumbent, but disappears when he sits up; at length it disappears altogether and the accentuation of the second pulmonary sound also vanishes. But even after this satisfactory point has been reached, rest and care are required for a time. Many such a case have we watched in these wards. Whenever practicable, we keep the patient under observation for months or years after, and, provided no fresh rheumatic attack occurs, he usually does well.

3. Let me now briefly sum up the principles which in my judgment should regulate our treatment of acute endocarditis: (1) The chief importance of rheumatism consists in the cardiac risks involved. The complaint itself is rarely fatal, and, since the discovery of the utility of the salicylates, it involves a greatly lessened amount of pain and suffering. Its great seriousness consists in the fact that it