every experienced clinician recognizes to be so important a factor in the management of cardiac cases.

The depressing effect on the heart and circulation of pain, restlessness and insomnia, are at times not sufficiently appreciated. In these conditions the administration of morphia, bromides or other sedatives to induce rest and sleep may be of the utmost value indirectly in relieving the heart.

Similarly the relief of digestive disturbance, and especially distention of the abdomen, should be borne in mind. A mercurial, followed by a saline, by depleting the portal circulation, may indirectly relieve the right side of the heart.

In vigorous patients, with evidence of overloading of the right side of the heart, especially early in pneumonia, venesection is a therapeutic measure which has perhaps fallen too much into disuse.

The ingestion of excessive quantities of fluid, necessitating increased work on the part of the heart to force it through the circulation, is a matter which is too often lost sight of in our endeavors to flush out the system.

The use of baths and the ice-bag to the precordium to quiet the circulation, reduce the fever, slow the pulse and improve the vascular tone, are all valuable means of assisting the heart.

In circulatory failure due to vasoparesis, with over-filling of the splanchnic area and depleting of the general circulation, the subcutaneous or intravenous administration of normal saline solution is of value, though to a less degree than is that resulting from hemorrhage.

The inhalation of oxygen I have found of value in maintaining cardiac action in some cases of failing circulation, especially where cyanosis is present.

It is impossible, from the nature of the function, to give the heart physiological rest, but whatever measures tend to lessen the frequency of the pulse without impairing the circulation are in the right direction.

The heart and vasomotor centres may be favorably influenced reflexly by sensory stimuli from the surface of the body, so that baths, friction, mustard plasters to the precordium and such measures have a rational justification for their use as circulatory stimulants.

Every clinician will recognize how often the history of a case of myocardial insufficiency may be traced back to an attack of fever—pneumonia, typhoid, influenza, rheumatism, septicaemia, etc., occurring a longer or shorter period before, even though no definite evidences of heart complication showed themselves at the time. Da Costa, many years ago, called attention to this in his