In typhoid fever every clinician has in mind the probability of intestinal ulceration and the consequent liability to perforation, and in his management of the case, takes all possible prophylactic measures to avoid its occurrence. He does this, not from the fact that perforation is of such common occurrence or that symptoms of it are present in a given case, but because from his knowledge of the pathology of the disease, he recognizes the presence of the morbid opportunity—a liability to this accident. This, I believe, is the only safe and proper clinical attitude to assume with regard to the cardiac manifestations of these diseases. Being on guard and interpreting symptoms in the light of pathological knowledge, it is unnecessary to urge the necessity for redoubled care in case where any symptoms of myocardial weakness frankly manifest themselves.

Time will not permit of my entering into a discussion of the cardiac manifestations in the individual diseases, but I shall refer to some of them again in connection with the notes of cases which have recently come under my observation.

1. About a year ago I was called to see a girl, A. M., aged 8 years, who had been ill for some days with extensive nasal and pharyngeal diphtheria. She was very ill, temperature 102 2-5, pulse rapid. Under full administration of anti-toxin the symptoms rapidly improved and the membrane disappeared. Her general condition was satisfactory and in ten days she appeared well on the way to recovery. She had been kept in quiet so far as possible and not even allowed to be propped up in bed. One morning Dr. Tweedy, of the Toronto Isolation Hospital, where she was a patient, telephoned me that the patient felt cold and looked pale. An immediate visit was paid. On examining her, I found the skin cold; she presented an extreme pallor, the pulse was very rapid, small and extremely weak, and the cardiac impulse was scarcely perceptible. The first sound at the apex was short, weak and valvular in character. In spite of measures for her relief, she died in a few hours after the onset of symptoms. This was an extreme though not unusual case, developing without any premonitory symptoms, and I know of no means by which the fatal issue could have been averted, unless by earlier treatment at the beginning of her attack of diphtheria.

In my experience, influenza is particularly liable to be followed by myocardial weakness, especially when it occurs in those elderly persons whose occupation subjects them to severe exertion. The disease is often the determining factor of muscular insufficiency in persons with previously well compensated cardiac lesions. From a number of instances which have come under my notice during the past few years, the following case, at present under my care in St. Michael's Hospital, is especially instructive.