

by the cardiac muscle, extensive pathological changes may be present without symptoms or signs of circulatory embarrassment to indicate them, at least before evidences of muscle insufficiency manifest themselves.

The mental attitude of the physician towards the dangers in the fever heart should be similar to that in regard to hemorrhage or perforation in typhoid fever—a clinical alertness based on a knowledge of pathology, which recognizes serious possibilities and takes measures to guard against them, even in the absence of all symptoms.

For this reason I believe that a knowledge of the pathological changes liable to occur in the heart in different infections is often a safer guide than signs or symptoms, especially for prophylactic treatment and the management following convalescence.

If we stop to consider the possible extent and degree of these changes, and especially the time that will be required for regeneration and repair in so highly organized a tissue as heart muscle, it will impress us with the necessity for sparing the organ as much as possible for a long period after the disappearance of the fever and other active evidence of the infection.

A careful observation of the heart, however, will enable us to detect important danger signals, such as feebleness of impulse, weakening of the muscle quality of the first sound, the dropping of beats, the pulsus alternans, development of soft systolic murmurs in the mitral and tricuspid areas or, at times, signs of even more serious import, as displacement of the apical impulse or the inception of auricular fibrillation.

The treatment of the fever heart naturally falls under two headings:

(1) *During the course of the fever*, when it cannot be separated clinically from the associated central vasomotor and peripheral vascular involvement.

(2) *During and following convalescence* when myocardial phenomena are of most importance.

As I have already stated, during the acute stages of the fever the treatment of the heart is often included in the proper routine management of the disease, and does not call for special medication.

Rest and comfort of the patient are of great importance. And here may I emphasize the influence of the cheerfulness, hope, encouragement and confidence inspired by the judicious physician and nurse, in inducing and maintaining the mental quiet which