lesion itself in determining the outcome of any case of valvular disease.

It is therefore unfortunate that the student of medicine should go into practice with an exaggerated idea of the importance of valvular disease, and a very hazy notion of myocardial.

Auscultation as an aid to cardial diagnosis has not proved an unmixed blessing. Properly used, with a clear understanding of its limitations, auscultation is undoubtedly of great value. But, after all, it deals with sounds or murmurs, the interpretation of which often requires the widest knowledge, the greatest care and the soundest judgment, without the exercise of which auscultation may be worse than useless—it may actually be misleading.

Huchard's contention, endorsed by Lindsay, "That since Laennec's time we have all been too much the slaves of auscultation—too much under the tyranny of murmur," must express the opinion of those who have studied the subject, not only at the bedside but in the laboratory and the morgue.

For clinical purposes, myocarditis may be divided into two broad classes, acute and chronic. From whatever causes the condition arises, or whatever the pathological cardiac changes which may be present, the important clinical manifestation is *heart weakness* or *muscular insufficiency*, and the symptoms and physical signs are practically all referable to this factor.

As ordinarily seen in practice, acute myocarditis follows one of the acute infective diseases—diphtheria, influenza, scarlet fever, typhoid fever, pneumonia, septicemia, rheumatism or even measles. The soft, pale, flabby, friable heart found at autopsy in fatal cases of these diseases has been commonly recognized by morbid anatomists since the time of Morgagni.

That symptoms do not always arise in cases of even marked myocardial involvement is not remarkable when we consider the extraordinary reserve force the organ possesses.

There are, however, good reasons to believe that the heart muscle is injured to a greater or lesser extent in every case of acute infective disease, *as an essential part of the disease*, the degree of involvement varying with the nature and intensity of the attack, its duration, the previous condition of the heart and many other circumstances connected with the individual case. In the milder grades of involvement, the case recovers without any clinical evidence of its presence, but it is of the utmost importance for the clinician in the management of these diseases to keep the cardiac phenomena in mind, not as unusual occurrences or as complications, but as an essential part of the disease. This appears the only safe rule in order to avoid consequences, in many cases, fraught with the greatest danger.