

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 præcordium 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 overfilling 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 in 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 its 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 præcordium, 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, septicæmia, 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 contributions on "Heart Strain in Soldiers." One cannot emphasize too strongly the necessity for avoiding any unusual or severe exertion until there has been time for myocardial regeneration after fevers. Failure to observe this precaution is a common cause of angina, or other forms of irreparable damage to the heart.

The importance of chronic foci of infection in the tonsils, about the teeth, ears, accessory nasal sinuses, etc., as the sources whence pathogenic bacteria may enter the circulation and attack valves or endocardium, especially if previously diseased, should never be lost sight of. Recent investigations of the etiology of subacute and chronic bacterial endocarditis strongly emphasize this point.

Drugs in general have a more limited field of usefulness in the