where infarctions have occurred, a functional derangement has by no means always taken place. Jores has therefore properly called attention to the fact that sudden deaths in human beings occur when the infarction takes place in an already diseased, degenerated heart, which is unable to withstand sudden, additional, serious interference. That even extensive necrosis and loss of heart substance may occur in man without rupture or sudden death is illustrated by the extensive, healed scars which are occasionally detected after death in the substance of the left ventricle. In this institute, we have, for instance, possession of such a heart, which shows an almost entire replacement by fibrous tissue of the apex, extending well up into the left ventricle.

We, therefore, assume that previous degenerative disease of the heart muscle, associated with lack of sufficient nutrition, is responsible for failure of cicatricial replacement in certain infarcts and therefore the necessarily ultimate rupture. It is plain that this may then take place unaided by any outside influence, by mere force of the blood pressure and systole. The ante mortem observation in this case may be looked upon as corroborative of the purely spontaneous character of the rupture.

Of great interest from the standpoint of the physician is the fact that an individual may have such a far advanced disease of a large coronary artery followed by infarction, without any symptoms to himself or others, until heart rupture occurs.

Occasionally, particularly in the better to do classes, severe subjective symptoms seem to result from less extensive anatomical changes. This, in our experience, applies to other lesions as well and leads one to conclude that the subjective factor in certain groups of individuals modifies essentially the clinical picture of a disease.

Of similar interest in this case are the well defined, additional lesions, namely, extensive tuberculosis and pleuritis with fluid in both sides of the