

important organ of the body when prescribing for and giving advice to patients who are taken ill, or who are recovering from an acute illness. It not longer suffices to observe alone a diminution in the chief manifestations of a disease before giving a patient a clean bill of health. Such carelessness leads not rarely to prolonged ill health or even permanent invalidism. Thus the number of instances in which patients recover from an acute rheumatism only to become cardiac invalids is by no means small. Even in the case of such a disease as acute articular rheumatism, which is known to exercise a very deleterious influence upon the endocardium, physicians are prone to allow their patients to get up as soon as the joint manifestations are considerably modified. Such a mistaken method may not produce immediate evil effects because the heart muscle may be strong enough to compensate for the damage done to the valves, but ultimately the patient comes under medical observation a second time because he has symptoms of cardiac disability, and then it is recognized that the attack of acute articular rheumatism which occurred some years before is really the direct cause of the grave ill health which is present. It is our own custom to insist that patients who are suffering from acute articular rheumatism should remain at absolute rest for a period of not less than three weeks after the joint symptoms are in abeyance, and this practice has been forced upon us, not only by personal experience which indicates that getting up at an earlier date is prone to result in disaster, but because every clinician continually sees instances of cardiac disease which have undoubtedly had their origin in a rheumatic endocarditis months before.

The necessity of carefully studying the condition of the heart is not limited, however, to that acute infectious disease known as articular rheumatism; it should be extended to every acute infectious disease, whether it be a prolonged illness, as is usually the case in typhoid infection, or whether it be in pneumonia or influenza. While it is true that in acute articular rheumatism the effects are chiefly exercised upon the endocardium, particularly that of the valves, in typhoid fever, pneumonia, and influenza, the venom seems to be chiefly concerned with producing muscular degeneration or great feebleness, and so it not infrequently happens that the patient who gets up too early and thereby strains an enfeebled heart muscle suffers for months and years from cardiac feebleness with or without a certain amount of dilatation, and oftentimes dates his physical incapacity to the attack of influenza or typhoid fever which occurred a long time before. Pathologists have recognized