

object of treatment. Then the use of baths, the application of the ice-bag to the precordium and like measures are our safest and most efficient remedies.

It is unnecessary at this time to caution against the use of the various coal tar preparations, as acetanilid, antipyrin, phenacetin and other depressant febrifuges, which formerly were so commonly used, with disastrous effects upon the heart and circulation.

The too common use by the laity of antikamnia, bromo-quinine and various headache powders containing coal-tar products, to relieve the pains of influenza (or other developing fevers) is responsible, I am sure, for some of the cases of cardiac failure and sudden death accruing in this disease.

The treatment of the heart in fever is *complex*, because, etiologically considered, it involves a knowledge of the specific action of the various infections upon the heart and circulation. In diphtheria, typhoid fever and other fevers the most competent authorities as yet are unable to apportion at all definitely the relative importance to attach to the heart and vasomotor mechanism for the resulting circulatory embarrassment. In other words, we lack the exact knowledge of the pathology of the condition which would enable us to direct our therapeutic aims against a definite objective point. We have, therefore, to rely to a large extent upon clinical experiences, and resort to symptomatic treatment for the circulatory trouble, whether due to the effects of the toxins upon the heart itself, the vasomotor centres or the vessels. In fact, recent investigations tend to show that, in the circulatory failure of the acute infections, vasoparesis, from poisoning of the nerve centres, is perhaps of greater moment than the primary cardiac depression. The two conditions, however, usually occur together and "the functions of the heart and vessels reciprocally affect each other to a marked degree."

It is manifestly impossible to discuss in detail the changes in the heart, with their variations in character and degree, in different infections. These may include cloudy swelling, fatty and hyaline degeneration of the muscle cells, congestion of the vessels, hemorrhages into the connective tissue, leucocytic infiltration, connective tissue proliferation, inflammation of the endocardium and pericardium with extension of the inflammatory process along the supporting connective tissue between the muscle fibres. These changes are important chiefly to the degree in which they weaken the efficiency of the heart muscle to maintain the circulation. It is very important for us to bear in mind that, owing to the tremendous degree of reserve power possessed