their ability, leave the cardiac risk to fate; they are deeply concerned if endocarditis occurs, but believe themselves power less to prevent or influence it in any way.

Many of you have observed the care with which in my wards the heart is examined daily in every case of acute rheumatism, and also that certain rather unusual measures of treatment are applied. They are employed with the object of preventing organic valvular disease. I have told you why I employ these measures; let me explain to you the theory on which the measures are founded, and give you a brief summary of the results which have hitherto been attained, and, finally, I wish to lay down one or two principles which it seems to me we should always keep in mind in the treatment of these cases:

1. On what theory can we reasonably hope to exert any influence on the endocardium, to prevent or assuage rheumatic inflammation, to remove the products of such inflammation, and prevent the crippling of the valve?

In the first place we must stop the rheumatism as rapidly as possible, and prevent all aggravation of it by chills. We therefore keep the patient absolutely at rest in bed; profuse sweats usually occur, in which there is great danger of chill, I therefore clothe the patient from head to foot in a warm flannel garment; a large stock of these vestments is kept in my wards expressly for rheumatic cases. Salicylates are given in full dose, often with alkalies, and cholagogues in such measure as to cause free evacuations but not diarrhæa. The diet is confined to milk and light farinaceous food; no red meat is given for a long time. The patient is kept in bed long after all pain and fever are gone, for never forget that the salicylate treatment, while removing pain and fever in twenty-four or forty-eight hours, does not remove the rheumatic entity itself (what ever that unknown entity may be) after less than two or three weeks of steady administration. The treatment I have thus far mentioned has nothing particularly new in it, but if you carry this out with strictness you will have a low percentage of cardiac complication. Out of many hundreds of cases, I have only had about 15 per cent. of cardiac troubles, which is a low average.

But, even if you do all that, you will have some cases of cardiac trouble, and of course it will often happen that the mischief in the heart has begun before you see the patient. What are you to do when you find that the first sound at the apex is getting soft, that a *bruit* has developed which you can often hear in the axilla, and that the second pulmonary sound has become accentuated in consequence of reflux through the mitral? (*a*) You must keep the patient most stringently at