Now, hypertrophy of the muscular walls of the heart, taking place as a direct effect of lesions which occasion obstruction to the blood-currents, or regurgitation, or both, is a compensatory or conservative provision. The increased muscular power which the increase of growth gives, makes amends for the disturbance of the circulation, and prevents evils which would otherwise ensue. A patient is, comparatively speaking, in most cases safe as regards the serious consequences of disease of the heart, be the heart considerably or even greatly enlarged, provided the enlargement be due to muscular growth of hypertrophy. At all events, this form of enlargement, when associated with, and dependent upon, valvular lesions, is productive of good rather than harm. On the other hand, there is nothing compensatory or conservative in the enlargement due to dilatation ; but it is quite thereverse of this. In proportion as the cavities of the heart are dilated, the ability for effective contraction is impaired. While hypertrophy gives increase of systolic power, dilation adds no muscular strength, but increases the labor in so far as the enlarged cavities allow a larger accumulation of blood. In fact, it is by means of the weakness of the heart, incident to dilation, that valvular lesions lead to remote evils-namely, those resulting from systematic congestion sufficient to interfere with the functions of the stomach, liver, kidneys, and brain and other organs, and eventuating in general dropsy. Hence, it is evident that, with reference to prognosis, it is highly important to determine whether hypertrophy or dilatation predominate in causing the enlargement which is found to exist. The differential signs, which it would be out of place to consider here, are sufficiently explicit. Let me add, that the statement just made concerning the relative importance of hypertrophy and dilatation in prognosis, is alike applicable to enlargement of the heart occurring independently of valvular lesions; and there is reason to believe that hypertrophy is measurably a compensatory and conservative provision when it takes place in other pathological connections; for example, when it occurs in the course of Bright's diseases.

It is a curious fact that as muscular hypertrophy of the heart is compensatory and conservative as regards obstructive and regurgitant valvular lesions, so these lesions may be compensatory and conservative as regards muscular hypertrophy. Certain wills, liable to occur in consequence of the increasbower of the left ventricle from hypertrophic growth, if the valves be sound, are warded off by the valves in gravely and the increasbower in the left ventricle from hypertrophic growth, if the valves be sound, are warded off by the valves in gravely and the source of the increastion of the left ventricle from hypertrophic states in gravely and the source of the source of the left ventricle, if there is no obstructive or regur-

gitant lesions, involves a liability to congestive apoplexy, and favors the occurrence of cerebral hæmorrhage; whereas, an overplus of blood sent with an abnormal force to the brain is prevented by aortic or mitral obstruction, or by mitral regurgitation, the immediate effect of which is to lessen the quantity of the blood which otherwise would be driven into the aorta with the ventricular systole. Moreover, statistics show that there is more danger of sudden death from distention with blood and paralysis of the left ventricle, as a consequence of aortic obstructive or regurgitant lesions, when these lesions exist alone, than when they are associated with mitral, obstructive or regurgitant lesions. The latter are compensatory and conservative by preventing an accumulation of blood in the ventricular cavity sufficient to occasion paralysis from disten-A patient, thus, in the first place, with hytion. pertrophy, associated with valvular lesions, is exempt from a liability to evils which hypertrophy existing without valvalar lesions may occasion ; and, in the second place, the danger of sudden death, which belongs especially to aortic lesions, is lessened by coexisting mitral lesions.

An important topic is the concurrence, with organic disease of the heart, of functional disorder arising from causes which have no connection with the cardiac lesions. 1 will illustrate the practical point involved in this topic by giving the prominent features of a case:

A young married woman, during lactation, became greatly anænde. Under these circumstances, she suffered for the first time from palpitation, and she heard at night a sound in the chest, which she described, of her own accord, as a sound like that of a pair of bellows, without having had any knowledge of cardiac murmurs. Her sister, who shared her bed, also perceived the bellows-sound. She had ædema of the face and lower limbs, and notable dyspnorn on any exertion. On auscultation, there were found an aortic direct and a mitral regurgitant murnur, both being notably load. The heart was moderately enlarged. She had had repeated attacks of articular rheumatism. Her friends were apprised of the existence of organic disease of the heart, and the fact was communicated to her. Lactation was at once suspended, and she was placed upon chalybeate tonics, together with a dietetic and regimenal treatment with reference to anomia. year afterward this lady presented the aspect of blooming health, and considered herself perfectly well. She laughed at the idea of her having any disease of the heart, and, in conjunction with the attending physician, I was supposed to have fallen into an error of diagnosis. But the muranurs,