

changes liable to occur in the heart in different infections is often a safer guide than signs or symptoms, especially for prophylactic treatment and the management following convalescence.

If we stop to consider the possible extent and degree of these changes, and especially the time that will be required for regeneration and repair in so highly organized a tissue as heart muscle, it will impress us with the necessity for sparing the organ as much as possible for a long period after the disappearance of the fever and other active evidence of the infection.

A careful observation of the heart, however, will enable us to detect important danger-signals, such as feebleness of impulse, weakening of the muscle quality of the first sound, the dropping of beats, the pulsus alternans, development of soft systolic murmurs in the mitral and tricuspid areas, or at times signs of even more serious import, as displacement of the apical impulse or the inception of auricular fibrillation. These signs point to interference with the functions of conductivity, tonicity and contractility of the heart muscle.

The treatment of the fever heart naturally falls under two headings:

- (1) During the course of the fever, when it cannot be separated clinically from the associated central vasomotor and peripheral vascular involvement.
- (2) During the following convalescence, when myocardial phenomena are of most importance.

As I have already stated, during the acute stages of the fever, the treatment of the heart is often included in the proper routine management of the disease, and does not call for special medication.

Rest and comfort of the patient are of great importance. And here may I emphasize the influence of the cheerfulness, hope, encouragement and confidence inspired by the judicious physician and nurse, in inducing and maintaining the mental quiet which every experienced clinician recognizes to be so important a factor in the management of cardiac cases.

The depressing effect on the heart and circulation of pain, restlessness and insomnia, are at times not sufficiently appreciated. In these conditions the administration of morphia, or some prefer pantopon, bromides or other sedatives to induce rest and sleep, may be of the utmost value indirectly in relieving the heart.

Similarly the relief of digestive disturbance, and especially distention of the abdomen, should be borne in mind. A mercurial, followed by a saline, by depleting the portal circulation, may indirectly relieve the right side of the heart.