

became very ill and died at his hotel in what was termed a sort of "asthmatic spell from heart failure." There can be no doubt but that his right ventricle failed at last under the strain of his incessant unrest.

The second case I bring before you differs in that the extent of the lung involvement was very slight indeed.

Miss G., aged 24, university graduate, and a school teacher, tall, thin, and nervous temperament. Small focus at right apex. Slight evening fever. Persistent cough. She had hemoptysis six months previously. No expectoration. Some moisture detected in deep inspiration.

Pulse, however, persistently high, 90 to 110, increased on slightest exertion, and intermittent. Heart showed diffuse impulse, weak first sound, accentuated second sound and slight increased area. She stayed in Kamloops some months and did very well as long as she was quiet, but becoming restless, went to California. Here they struck bad weather and moved about continuously from place to place, hotel to hotel, and we were shocked to hear of her death after a few days' illness, from what the death certificate stated was heart failure. There has been no doubt in my mind that this girl might at least have been preserved for months, if not for years, with proper rest and care, and I have often blamed myself for not insisting on her staying where she was, or at least pointing out more clearly the grave risks of exertion. I don't know that I have ever had a case in which the importance of the care of the heart in phthisis was more impressed upon me. Only a few days ago I saw a case of marked lung consolidation in a patient who had no expectoration, trifling evening temperature, but whose heart was running constantly between 120 and 140. The first sound was strong and booming, but the second pulmonary was getting weak, with almost a suggestion of incompetency. In these cases you will observe the temperature was trifling, there was no expectoration, the striking reaction of the organism to the disease was shown by the heart.

In pneumonia I believe most men pay infinitely more attention to the heart than to the lungs. They leave the lungs largely to look after themselves, believing that a crisis will come independently of anything they can do. The heart, however, they watch closely. The patient is kept absolutely at rest, and every indication of failure is met at once because it is realized from first to last that here the chief danger lies.

How different is the case with our phthisical patient. Too often in the presence of the obvious primary disease the circulation is almost entirely neglected. We allow our patient to go round if the fever is not above a certain point. I know,