side of the heart only. The right heart will be considered independently from the left.

Physicians should not be satisfied with any general consideration of the heart, but they should be able to tell just what the right heart is doing, as well as the heart at large. When considering the pathological changes that occur in pneumonia, presenting so many phases, representing general pathological changes, we find that there is one thing that all the members of our profession agree upon, and that is the conditions found at autopsy. At autopsies in patients who have died as the result of a pneumonia, you will find the right cavity dilated and in it a firm clot, usually organized; this is a condition that is found in no other disease except pneumonia, and, such being the case, there must be some cause for it; that cause we look for in the short or pulmonic circulation. I can remember that years ago pathologists stated that in pneumonia there was no embarrassment to the right side of the heart on account of the dilatation of the capillaries in the lung, compensating for the pressure caused by the inflammatory exudate. Now, this is not true. We readily see from post-mortems that something has led to the pathological changes in the lungs. Nature has not endowed the short circuit with anastomosing vessels like the long circuit, and we cannot expect help from collateral compensation, as we find it in other parts of the system. The right heart has to contend with a congestal area, the effects of deoxygenized blood upon the capillaries, solidified lung tissue and vicarious emphysema. The last we have not seen mentioned in medical literature, yet we believe by comparing it to similar conditions it is a very important factor in obstruction. In chronic emphysema there is always an association of right heart hypertrophy. Distention of the air cells, lengthening and narrowing the calibre of the capillaries are responsible for such changes. If chronic general emphysema obstructs the circulation, vicarious temporary emphysema will do so to a less degree. The right heart becomes an important factor in predisposition to pneumonia and other pulmonary diseases.

Defective circulation, resulting in anemia of the lung tissue, such as is found in stenosis of the pulmonary valves, chronic emphysema, bronchitis, asthma and degenerative changes in the right heart muscle, tend to lessen the resistance to the invading pneumococcus. The presence of right side dilatation can be recognized just as it is when due to valvular lesions of the left side. Dyspnea, one of the first