

For the past few years he has been obliged to stay in bed from time to time on account of his shortness of breath.

After each attack he resumed his labour, which was severe in character, but in course of a few weeks he would again be forced to return to bed. Recently, after exposure to severe cold, he developed a cough. His legs began to swell. He went to bed and grew rapidly worse. On examination I found that he was suffering from extreme shortness of breath. His face was cyanosed. He had a small rapid pulse, ranging nearly 150 a minute, while his respirations were shallow and rapid. This condition grew rapidly worse, so that I immediately bled him, 10 ozs. being taken from him, and I gave him a hypodermic injection of brandy and 20 drops of digitalis. This was followed by speedy relief, so that within four hours the pulse fell considerably in its rate and his respiration quieted down. He is now in a much better condition, although he still presents, of course, the characteristic appearance of mitral stenosis. His face is congested. He shows the characteristic club finger ends and has a dropsical condition of the feet and ankles. His cardiac impulse is displaced outward and downward, and there is also a marked epigastric impulse. On listening over the cardiac area I find a long presystolic murmur at the apex with a tricuspid systolic murmur over the sternum. Scattered throughout his chest are numerous sibilant rales, while there is absence of breath sounds at the base of both lungs. I gave this man fifteen drops of the tincture of digitalis every four hours, and on the following day his pulse gradually sank lower and lower, and two days later it fell to eighty, when I reduced the dose of digitalis to 10 drops every two hours.

His physical condition also improved so that his ankles were no longer dropsical and the dullness at the base of the lungs was not so noticeable. Under treatment and rest the patient improved until the tricuspid murmur was no longer noticed.

This form of heart disease is one of the most frequent which the general practitioner is called upon to treat. Mitral constriction strains the heart to its utmost, and, while compensation can be maintained moderately well when the patient remains at rest, it becomes a dangerous condition when the patient is forced to work; for the additional strain upon the heart reduces its compensation; backward pressure is exerted upon the lungs and right ventricle, as a result of which tricuspid regurgitation takes place, followed by