

subjects of this increase in the total bulk of the blood, which induces with the increased work both the capacity and size of the heart, are beer drinkers, and the muscle of the heart is one *poisoned by alcohol*—a degenerative change of toxic origin.

Dr. Allbutt further states that there is but little evidence that a heart duly hypertrophied and dilated will degenerate, unless its muscle be poisoned or be the seat of some more intrinsic degeneration, or be submitted, as in valvular diseases, to stresses increasing beyond its possible resources.

Again dilatation and hypertrophy of the heart result in the middle aged and elderly from increased peripheral resistance or from arterial disease. The writer holds that degenerative disease does, no doubt, invade the heart and arteries as a system, but the cardiac changes are conservative, and often it is only after the heart can no longer strive, that stretched and spoiled degenerative changes occur in it, and finally death ensues. Arterial blood pressure is by no means constantly increased with arterial disease. Many modifying factors may enter to explain this rather unexpected condition, *e.g.*, a wider arterial bed, less velocity, less friction, or localized degenerative changes, or diminished blood mass.

J. BURNEY YEO, M.D., F.R.C.P. "The Treatment of Cardiac Dilatation and Asthenia." *Ibid.*

In approaching the subject of the treatment of such conditions as are above designated, the more recent causes are considered. Dr. Burney Yeo finds that dilated hearts have been more common since we "fell under the sway of the 'influenza fiend.'" In addition, "the growth of the cycling and golfing crazes and the general cult of excessive muscular exercise," must be considered, and as a contributory influence in the production of cardiac dilatation and asthenia, "the excessive use of tobacco," should be mentioned. The necessity of a "prolonged period of physical rest" after an attack of influenza is emphasized. Baths, in the experience of the writer, are of far more value in chronic cases of cardiac dilatation than "resisted exercises."

RICHARD CATON, M.D., F.R.C.P. "Cardiac Dilatation and Hypertrophy." *Ibid.*

This article deals in a general way with the etiology of such conditions including myocardial and endocardial changes as factors productive of dilatation and compensatory hypertrophy. Under treatment, it contains a brief discussion of the Oertel and Schott methods, and here the writer points out that, while the principles of the Oertel