In the class of cases in which business or other worries produce cardiac weakness the first symptom may be a slight syncope. The patient is usually pale and has an anxious expression. On examination, the heart is more or less irregular in action, a bruit may or may not be found. The first sound may be much weakened and there is some enlargement. The further history will depend on the care which is taken. If the cause can be to a great extent or entirely removed the patient may improve and live many years. Sudden deaths, accounts of which we read of in the newspapers, often overtake these patients as a result of over-exertion.

In another class of cases anæmia is present which may be either primary and pernicious or secondary to some other disease. In my experience this is more frequently found in women. A case of this kind came under my notice not long ago. The patient, a widow of sixty-five years of age, quite anæmic, had a moderately dilated heart with a mitral bruit. She had been advised to take plenty of exercise in the open air. This she had done with the result of increasing the cardiac symptoms of dyspnœa and oppression. Rest in bed, massage and appropriate diet had a decided effect in improving the health of the patient.

In some cases the digestive disturbances are so marked that the physician directs his whole attention to the condition of the stomach and does not consider the cardiac dilatation. The impaired digestion may be largely due to cardiac weakness. Treatment directed to both conditions will be most likely to succeed. In another class pain may be a very prominent symptom. Angina pectoris may exist as a complication. This condition is rarely present without more or less dilatation.

Irregular action of the heart, tachycardia or braycardia, may be prominent symptoms in some cases.

In many cases the symptoms may be few and very slight. An attack of bronchitis may cause the patient to consult a physician when the cardiac condition may be first found out.

A physical examination will reveal greater or less cardiac enlargement and often a mitral bruit. The latter may exist when the left ventricle is moderately dilated. The possibility of the bruit was explained by Balfour and McAllister in two ways, both of which may be correct. Balfour points out the fact that the bruit is sometimes first heard more distinctly in the second intercostal space outside the pulmonary area, and this, he thinks, is due to the fact that the auricular appendix when distended comes in immediate contact with the anterior wall of the chest and that the sound is