

before. Patient grieved deeply and long for her mother and was also much troubled over other family matters. She seemed to possess an unusual capacity for mental anguish. Pulse 80, of small volume. Apex beat exaggerated and a little outside nipple line. No murmurs. Moderate edema of feet. During the few years succeeding my first visit she continued to worry and grieve over her mother and also over her estrangement from her only brother. She frequently had a feeling of a lump in her throat and suffered with palpitation of the heart. In the summer she was troubled with burning of the feet. Her condition changed very little and her symptoms did not improve. About six years ago I first saw her I was summoned to her house one day and found her unconscious, pulse scarcely palpable, heart sounds very feeble. She did not respond to stimulation and died in a few hours without regaining consciousness. There was no post mortem, so the exact cause of death must remain a mystery. Whatever other causes were at work, however, I felt convinced that the emotional strain had played a prominent part.

*Case VII.*—A young woman came complaining of numbness in the feet and legs lasting about a year. Symptoms corresponded in time with a period of great mental distress. Patient said she had a trembling feeling in the chest and noticed her heart thumping, especially when lying on left side. Frequent micturition; pulse 108; heart enlarged outwards about two inches; beat weak and rapid.

*Case VIII.*—Widow, aged 72, complains of dyspnoea in early morning. Has always been emotional; heart easily excited. Has been much upset lately by marriage of daughter and family disagreements. Pulse 144. Heart greatly enlarged; transverse dulness 7 inches. Right ventricle enlarged, as shown by retraction of large area with each systole. Apex beat can be felt, not at lower border of heart, but considerably higher up. No abnormal sounds. Under rest in bed, digitalis and adrenalin, the pulse came down to 70 and the heart dulness nearly to normal in a few weeks.

*Case IX.*—Medical student, aged 21; family and financial worry for several years. Moderate smoker. No history of over-exertion. Suffers with palpitation, especially in evening; feels heart beating rapidly at night. Digestion good. Pulse regular, low pressure, 105 per min. Patient says he feels his heart drop a beat sometimes. Apex beat diffuse. Heart slightly enlarged; transverse dulness left of sternum to  $1\frac{1}{2}$  inch inside nipple. Sounds sharp and distinct; pulmonary second exaggerated. Ordered ammonium bromide and digitalis. In two weeks pulse was down to 70 and symptoms were relieved.