

palpitation which troubled them mostly in the night and interfered with their sleep. I have seen within the last few months three cases of cardiac dilatation which I thought were directly due to the use of tobacco.

It is probable that when individuals who in the early part of their lives have indulged in violent athletic exercises to such an extent as to cause hypertrophy will in their later years have dilatation from the fatty degeneration which so often follows such hypertrophied conditions.

The blood of old people usually shows an increased number of red corpuscles and of hæmoglobin. In some cases, however, owing to disease of other organs or to local hæmorrhage an anæmic condition may be present. The myocardium would be in this way weakened, and dilatation might be produced even by moderate exercise. I shall merely mention some diseases which assist in causing dilatation—Bright's disease, arterio-sclerosis, obesity, acute infectious diseases as typhoid fever and la grippe. The latter has of late years been the primary cause of a large number of cases. Eudo-cardial changes resulting in valvular diseases are also only mentioned.

CLINICAL HISTORY.

A patient whom I had for some years under observation will illustrate one class of cases. He is the manager in an insurance office. He indulged very freely in rich food, drank one or two glasses of beer a day and neglected taking proper exercise. When about fifty-five he came to me complaining of some shortness of breath, smothering sensation and of a feeling of fulness in the region of the heart. I found the pulse tense, and a condition of hyperæmia. The cardiac pulsation was increased in force but there was no bruit. I ordered him occasional doses of calomel with daily saline cathartics; a light diet and moderate exercise were enjoined. He improved very much and I did not see him for some years.

He returned suffering from cough and dyspnœa. I found this time bronchitis and some enlargement of the heart. A distinct bruit was heard during systole at the apex. Rest and special treatment for the bronchitis was first ordered. Afterwards digitalis strychnine and nitro-glycerine were given. He improved very much and is now in fair health although the bruit still persists. In such case over-feeding and the lack of exercise were the principal predisposing causes. The dyspnœa and feeling of fulness may be made more prominent by the onset of a bronchitis or by an attack of acute indigestion. Potain has established the fact that acute indigestion or the passing of a gall stone through the common bile duct may produce dilatation of the right heart.