

and auricle, the signs of enlargement increase and the impulse becomes heavy and more forcible. The pulmonic second sound is accentuated.

As dilatation overcomes hypertrophy, the cardiac impulse becomes lessened in rate and the tension lowered. The first sound of the heart is shortened and sharpened. Complaints are now heard of headache, tiredness, coldness, numbness and tingling of the extremity, noises in the ears, dizziness and gastrointestinal disturbances. There is an increased flow of urine of a low specific gravity and containing traces of albumen. Ruddiness gives place to pallor, robustness and corpulence to a loose flabby fat. Anemia becomes marked. This condition demands prompt hygienic and tonic treatment.

Failing compensation is marked by weakness, dyspnea, precordial distress, vertigo, loss of consciousness, irritability, convulsions and insomnia. The heart is still more dilated, its action becomes weak and irregular and may be accompanied by to-and-fro soft valvular murmurs due to relative incompetence. These must not be mistaken for murmurs due to endocardial lesions, which may also be present. Nutrition fails rapidly. The patient becomes sallow, emaciated and cachectic. The urine becomes scanty and high colored. The pulse is rapid, irregular and intermitting. Lividity and breathlessness on slight exertion, congestions of the internal viscera, edema of legs, edema of lungs, cardiac asthma, laryngeal cough and rusty, frothy or albuminous sputum, hemorrhages, hypostasis—all indicate the gravity of the condition.

In long-standing cases emphysema and fibrosis of the lungs are found. Death is frequent from hypostatic pneumonia and in the more acute cases from syncope and sudden death. The heart is dilated in all directions, its impulse may be seen and not felt. There is marked epigastric pulsation, venous congestion and pulsation; fetal and gallop rhythm of the heart may be found. The prognosis is very grave. Treatment in milder cases is cardiac stimulation; in severe cases with marked lividity and urgent dyspnea venesection.

Changes in the coronary arteries give rise to:

1. Embolism, which is very rare, and not diagnosable.
2. Aneurysm, which is also extremely rare.
3. Coronary endarteritis, which is one of the commonest manifestations of arterio-sclerosis. It leads to defective nutrition and degenerative changes in the myocardium.
4. Thrombosis is due to coronary endarteritis. It gives rise to anemic infarct, fatty degeneration and slow fibroid change. It is a frequent cause of angina pectoris, rapid heart failure and sudden death.