

improve during its administration, and in some cases I have been disappointed.

To slow the heart and improve its tone in these cases I have used both digitalis and suprarenal tablets. I have seen some excellent results from suprarenals and also some failures. My personal conviction is that we have not yet learned the proper dose of suprarenal by the mouth. I fancy an effective dose will be found to be twelve or fifteen two-grain tablets a day or a couple of drams of the 1.1000 solution of the active principle. If the administration be hypodermic 10 minims of the 1.1000 solution every two hours is probably about the maximum dosage.

These cases of irritable heart offer many interesting questions for consideration and in some cases for experiment. Can we have a diffuse apex beat without dilatation of the heart? How are we to explain its presence when the heart dulness is not increased? What is the meaning of epigastric pulsation? Can we always distinguish that due to the right ventricle from that due to the abdominal aorta by systolic retraction in the former case? Why do we sometimes get systolic retraction of the precordium without epigastric pulsation? What is the meaning of marked throbbing in the neck without corresponding fulness of the radial pulse? Does it indicate dilatation of special vascular areas in the neck, perhaps the vessels of the thyroid gland? Is not the pulsation observed in the neck venous more frequently than is usually supposed? Where the neck has been throbbing violently and I have taken a tracing I have sometimes obtained the tracing characteristic of the venous pulse when I expected it to be arterial.

Many of these questions I must leave unanswered from lack of a sufficiency of observations to settle them to my satisfaction. I shall be grateful for any light that may be thrown upon them and on some future occasion I may return to some of them again.

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