

have failed and caused the compensation to be excessive.

So much for these two varieties of cases.

There is a third variety, in which the heart often receives digitalis without good effect at all, and rapidly gains under aconite. These are cases which have excessive compensatory hypertrophy coming on naturally or as a result of severe labor followed by easier methods of earning a living. The following case illustrates the class :

A man, aged 19, was brought to the Jefferson Medical College Hospital suffering from aortic obstruction, and, as a result of this, dyspnoea on the slightest exertion, marked cardiac arrhythmia, with palpitation, some giddiness, and a tendency to nose-bleed. He stated that in the early part of the year, and for several years preceding, he had been a deck-hand on a coast-wise vessel, where he performed hard manual labor, notwithstanding the condition of cardiac disease which was present and of which he knew nothing. During this time he suffered from no symptoms indicating cardiac disorder. In other words, compensatory hypertrophy was complete. Because of the exposure incident to the work, he was forced, under the advice of a physician, to earn his living on shore. He was unsuccessful in trying to secure employment, and a prolonged period of muscular inactivity followed. As a consequence of this, the cardiac hypertrophy, which had hitherto been compensatory, was now excessive, and he suffered from marked cardiac palpitation, with disordered circulation in the extremities, and from a considerable

amount of cough. Very early in the study of the case it was recognized that these disorders were due to the excess of cardiac hypertrophy, and not to failure in compensation, and, as a consequence, that a cardiac depression was indicated rather than a cardiac stimulant in the shape of digitalis.

He was given from one to two minims of the fluid extract of aconite three times a day, and during the continuance of this treatment was purposely confined to his bed. At the end of the week so much improvement had taken place in his condition that he was allowed to rise and go about the ward, as he wished ; and after four weeks, the medicine being continued during this period, he was so well that he was discharged from the hospital with no other evidence of cardiac disorder than physical examination would show.

A very important portion of the treatment of these cases by the use of aconite is rest in bed, as prone as possible. This fulfils the necessary requirements of sedative treatment, and enables you to push the aconite more actively than if the patient were moving about.

Next to aconite as a remedy of value in these cases stands, I think, gelsemium, and after this veratrum viride.

There still remain two classes of cases to be briefly mentioned, namely, those who have one or two forms of so-called functional cardiac disorders as the result of athletic exercise or severe toil. In the one set the heart possesses all the signs of dilatation, feebleness, and failure. In the other there is to be found a great hyper-