

joints, effects wonderful changes in the arteries. He also shows the very beneficial effects of baths and massage in the same direction.

These iodides, the "medicines of the arteries," as they are called, must be exhibited for long periods of time, in order that their beneficial effects may be seen. When the potash salt unduly reduces the heart's action the sodium salt may be used. They should be given in fairly large, but not heroic doses, say ten or twenty grains well diluted before meals. Milk forms a very suitable vehicle for their administration. Some practitioners prefer tincture of iodine in doses of ten minims in sweetened water before each meal. The advantage of the tincture is said to be that "the iodine selects its own basis and thus in no way irritates the stomach or degenerates the body."

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## THE CARDIAC ASPECT OF ARTERIO-SCLEROSIS.\*

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The changes to be considered are:

1. Compensatory hypertrophy without and with dilatation.
2. Dilatation and failure of compensation.
3. Pathological conditions in the (a) coronary arteries, (b) myocardium, (c) endocardium. These are all more or less independent.

4. Disturbed cardiac innervation.

*Compensation.*—Efficient compensation and good health may exist for years and present no symptoms.

It is the natural result of cardiac response by means of muscular hypertrophy, to the stress induced by the peripheral resistance following the toxic arterial spasm and increased functional activity of the heart. It is best marked in younger, vigorous adults or the well-developed middle-aged. They show on examination a full, regular, strong, sustained high-tension pulse of normal rate and no apparent thickening. The enlarged heart is indicated by heaving precordial impulse, displacement of the apex beat downwards and outwards, increased percussion dulness, prolonged first sound on auscultation and a clear ringing and accentuated second sound, particularly over the aortic area.

In more advanced cases arterial thickening and associated myocardial and endocardial changes are to be found. The preliminary change in the left ventricle is followed by hypertrophy in the left auricle and also in the right ventricle

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