

evidences of loss in compensation of left side lesions, becomes a prominent symptom in some cases of pneumonia, especially after the right side dilates. It is more noticeable in the later stages and greatly exaggerated on slight exertion. The backward pressure upon the liver and portal circulation, with its resultant stasis, suppresses the secretions of the stomach, liver, pancreas and intestines, giving rise to flatulency and distress. This accounts for the diagnosis of typhoid fever being made occasionally. The so-called prune-juice sputum that occurs in severe cases is nothing more than the liquidation of the exudate in the air cells, due to edema of the tissues when the right heart becomes inadequate. Upon physical examination, when the right heart is dilated, the left is pushed to the left, sometimes as far as the left nipple; the apex of the right ventricle may be seen or felt under the margin of the costal cartilages to the left of lower end of the sternum. The superficial area of cardiac dullness is increased and if the tricuspid valves have yielded to pressure, a loud systolic tricuspid murmur will be heard at the lower end of the sternum. If the ante-mortem clot has formed there will be an intraventricular systolic murmur heard over the pulmonic interspace. The most valuable physical sign, and the one I want to especially emphasize, is the pulmonic element, the second sound of the heart. The profession are inclined to under-estimate the value of this sign. In young children this element is accentuated, and at the middle period of life the pulmonic and aortic are about equal in intensity, while in old age the aortic element becomes accentuated under normal conditions.

In pneumonia this well-pronounced accented second pulmonic sound becomes a safe guide for the administration of cardiac stimulants and also enables you to give an intelligent prognosis. A diminution of intensity of this sound is a confession of failure of the right heart and should be a signal for the use of digitalis, alcohol and other cardiac stimulants. Your text-books warn you of cardiac failure, and give a rapid and weak pulse with a feeble first sound of the heart as an indication for stimulants. What has the right ventricle to do with the pulse or first sound of the heart? The left is responsible for the pulse, and forming the apex is the chief factor in the production of the first sound. Postpone your stimulants until you have a rapid, weak pulse and a feeble first sound, and you will be unable to accomplish much with them.

When we realize the exact condition, how are we to