

conspicuously unaltered, although there may be a sense of oppression. Insomnia may be complained of; depression of spirits is common. The patient is obliged to stay in bed; attempts to rise produce a swooning and a vanishing pulse; or there may be actual syncope. The prognosis is favorable, though the affection pursues a protracted course. Therapeutically rest in bed is the primary indication. When the patient is able to sit up nothing does so much good as graduated shower-baths. Massage, too, may be employed, but it is more useful a little later. Swedish movements may then also be recommended, together with carefully regulated exercise, such as walking, gentle horse-back riding, or light gymnastics. The food should be most nutritious and taken as frequently and in as large quantities as the digestion will tolerate; stimulants must often be resorted to. Errors of secretion and excretion must obviously be corrected. Of drugs, strychnin, in doses of gr. 1/30, three times a day, has proved the most useful; next in value is arsenic; of heart-tonics digitalis is the best; caffeine and cocain are useful; iron is not indicated unless anemia be present; nitroglycerin is of no

avail, unless there be cardiac pain, or unless used in conjunction with digitalis. Bromids, valerian, and opium are to be reserved to meet special indications. The second form of weak heart presents, in addition to the symptoms detailed, shortness of breath, especially on exertion, and edema of the ankles and insteps. The first sound of the heart is even more indistinct and ill-defined; duplication of either sound and functional dynamic apical murmurs are more common. The influences that lead up to this condition are not at all clear; the changes, if any, that take place are not evident. The prognosis is less favorable than in cases of simple cardiac asthenia. The treatment for the two conditions is much the same. It is probable that in some cases the two forms of cardiac weakness here discussed are associated. — *Medical Notes.*

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