

comes nervously upset,—just as in one case a firm fails because it cannot meet its obligations, and in another case it fails because at the critical moment its members lose confidence and go to the wall. The first class need rest and digitalis; the second class need rest and aconite. In other words, the first must have aid or perish, the second need quiet confidence to weather the strain. The two following cases illustrate these varieties of cardiac difficulty:

J. A—, a merchant, aged 48, married, and healthy till three years ago, when he had *la grippe*. A close questioning recalls to his mind that at the age of 21 he had rheumatic fever, and that his physician told him that his heart was “touched.” Ever since having *la grippe* he has had some shortness of breath on exertion and some feeling of cardiac palpitation or oppression. Three months ago he noticed his feet were slightly swollen and that he had difficulty in getting on his shoes. The urine was decreased in amount. Indigestion now came on, and the gastric distress increased his cardiac difficulty.

Physical examination showed a loud mitral murmur, systolic in time, with a very feeble, distant and diffused apex beat. The heart sounds were feeble and distant, and the pulse irregular, soft, and easily extinguished. There was marked increase in the area of cardiac dulness. The urine contained traces of albumen, but no casts. These signs, with the symptoms already detailed and the feeble appearance of the patient, seemed to indicate the use of digitalis, which was accordingly given with a little *nux vomica* three times a day—with

very good results, the swelling, indigestion, oppression and palpitation all passing away.

The second case was that of a man who had developed a mitral regurgitant murmur after an attack of rheumatism three years before. He had no œdema, but some cyanosis, which increased very markedly on exertion. There was also some shortness of breath, but the dominant or most annoying symptom was palpitation and a sense of swelling or bursting of his heart on exertion or after a full meal. The extremities were often cold and clammy, and his mental state was that of great fear lest his heart should suddenly stop beating. Physical examination showed a forcible apex beat not greatly diffused, a well-marked murmur with a clear second sound, a somewhat irritable pulse, and a full artery not easily compressed. The area of cardiac dulness was somewhat increased, but not as greatly as in Case 1; and the impression produced was that of a powerful heart with a leaky valve in which compensation, so far as muscular power was concerned, was complete, but in which nervous compensation or adjustment was poor. Aconite in the dose of one minim of the fluid extract three times a day, and rest in bed, produced a very rapid improvement.

In the first case the heart was feeble and needed aid. In the second it was strong but using its strength ineffectively, and was in need of steadying or confidence. To have given aconite in Case 1 would have been wrong; and while digitalis might temporarily have steadied the heart of Case 2 it would ultimately