

Coming to diseases of the aortic valves we find arterial pressure lowest in that condition of the valves in which there is both stenosis and regurgitation, next lowest in stenosis alone, and most irregular in regurgitation without stenosis.

In all these affections of the aortic valves, the heart itself is the first to complain, giving pain and palpitation on exertion. The brain is next to complain after the heart, giddiness, headache, flashes of light and faintings on rising. A patient with these symptoms comes to us. We find well marked cardiac hypertrophy with aortic murmurs, direct or indirect or both. His pulse is regular. What shall we do for him? Prescribe digitalis, by no means. It does harm in any case of compensatory aortic regurgitation. 1st. By contracting the capillaries and raising the blood pressure, it calls for more vigorous action and forcible contraction of an already hypertrophied heart. It thus increases the irregularity of the blood pressure—the very thing we want to avoid. 2nd. The increased blood pressure but forces more blood back into the ventricle when the heart is in diastole. 3rd. Besides increasing the peripheral resistance it prolongs the diastole, and thus affords a double chance for over distending the left ventricle, so giving rise to precordial pain, favouring dilatation, endangering the tricuspid valves, and possibly paralysis from sudden dilatation. 4th. By the vigorous contraction necessary to unload an overfilled ventricle the aorta is subjected to great strain, and thumping, which induces atheroma of its walls and all the evils resulting therefrom. Plainly therefore, digitalis is capable of doing much mischief in the early stages of aortic regurgitation. Nor is it any better in the urgent symptoms of acute incompetency as evidenced by galop rhythm, urgent dyspnoea and lividity.

The remedy above all others for any very urgent distress from over-distention of any of the chambers of the heart as the climax of venous hyperaemia, is blood letting. And as sudden death is more to be feared in these cases where we have aortic regurgitation no time should be lost in opening a vein. The indication for doing so is not to be sought for in the arteries. They may be pulseless, yet if the countenance be cyanotic, if the jugulars be pulsating, if the epigastrium be throbbing, if there be anasarca or dropsy or oedema of the lungs from stasis of the venous capillaries, we have the requisit indications for blood letting, and we will often save lives which now are sacrificed by over-confidence in digitalis. After we have relieved the distended chambers digitalis may do good, by ministering to the nutrition of the heart, steadying it and overcoming dilatation. Its good effects ought to be much enhanced by