

trophy of its walls and thoracic tumors, will sometimes present itself. Both of these cardiac conditions may be developed as the result of, or in connection with, thoracic aneurisms. One very reliable differential sign is the direction of the increased area of percussion dullness in thoracic aneurisms and mediastinal tumors, for they always enlarge upward and to the right or left; while in cardiac enlargement the area of dullness is increased in a lateral direction and downward. This fact, taken in connection with the other physical and rational signs of aneurism, is generally sufficient for the differential diagnosis between these conditions.

Consolidation of lung tissue in the region of the heart may give rise to some of the signs of cardiac enlargement, but the other attending physical signs of pulmonary consolidation will enable you to distinguish between the dullness on percussion produced by the pulmonary consolidation and the increased area of dullness produced by the cardiac enlargement.

*Prognosis.*—The prognosis in cardiac dilatation is always bad, and the danger to life is increased in proportion to the excess of the capacity of the cavities over the thickness of their walls. The more the capacity of the cavities is increased, the greater the thinning of the cardiac walls, and the greater the danger to life. Feebleness of the general muscular system and impoverishment of the blood greatly increase the danger. If these patients have been subject to paroxysms of dyspnoea and attacks of syncope, the prognosis is especially bad, for then there is constant danger of sudden death. The dangers attending any intercurrent pulmonary disease are always great.

Whenever dropsy of any kind has been developed, prognosis is very bad. When this condition is developed, few patients, even with the best of care, live more than eighteen months; the majority die within one year. In those cases in which the pulse is regular, or only becomes irregular after violent physical exertion, the prognosis is comparatively good, for much can be done to relieve and prolong the life of such patients. When general anasarca has been developed, and the patient is no longer able to assume the recumbent posture, you will be able to give temporary relief, but it will be only temporary. This brings us to the question of treatment.

*Treatment.*—As regards complete recovery, the treatment of cardiac dilatation is altogether unsuccessful. It is not a curable disease. Even the good effects of palliative measures are only temporary. There are, however, two important objects to be aimed at in the management of a case of cardiac dilatation.

*First*, maintenance of the general nutrition at the highest possible point, as the most certain means of preventing flaccidity of the cardiac walls; *second*, prevention, as far as possible, of all irregular or violent action of the heart. To obtain the first object, the diet must be of the most nutritious character, should be taken in small quantities, and at short intervals. An exclusive milk diet will often be found most advantageous. Stimulants must be

taken only in small quantities, and with the food. When symptoms of anæmia are present, *iron* may also be administered with the food. As a rule, the daily administration of iron to a patient with dilated heart is safe.

The patient should have the greatest amount possible of fresh air, and should be kept under the very best hygienic influences. The skin should be kept active, and slightly stimulating baths may be employed for the purpose of increasing the power of the capillary circulation.

To attain the second object, this class of patients must be placed under the strictest rules with regard to exercise. They should never allow themselves to be placed in such circumstances as to render necessary sudden and violent exercise, for a single violent physical exertion may jeopardize the life of any patient with cardiac dilatation. Every such exertion carries the point of resistance in the cardiac wall a little beyond what it can never regain. Flannel should be worn next the skin. A dry bracing air, generally, agrees best with this class of patients. As regards the remedial agents to be employed in the management of cardiac dilatation, each case must be studied by itself. All exhausting discharges must be arrested. If hyperæmia of the liver and other abdominal viscera is present, it must be relieved by the occasional administration of an aloetic or mercurial purge. Excessive purgation, however, is not admissible, but a daily movement of the bowels, without exhausting catharsis, is important. When there is loss of appetite and impaired digestion, vegetable tonics and mineral acids are indicated. Those remedial agents which have a direct effect upon the heart itself are all-important in the management of this form of cardiac disease. The most important and most serviceable of this class of remedies is digitalis. It can always be administered in full doses, or at least in sufficiently large doses to regulate the heart's action. Often, when the feet become œdematous and the patient cyanotic, this remedy has a wonderful effect, and may often entirely remove, temporarily at least, all unpleasant symptoms. When the heart's action has been regulated by the use of the remedy, it may be continued in smaller doses, and the small doses should be continued for a long time. If, after a time, the heart's action cannot be controlled by the digitalis, belladonna or opium may be combined with it. The effect of such combination is to tranquillize the excited heart; but the tranquillizing effect will be only temporary. This combination of remedies, then, should only be resorted to when the digitalis has been thoroughly tested and has failed. In the use of digitalis the same restriction should be observed which was mentioned in connection with the treatment of other cardiac diseases, namely, it should never be used indiscriminately, for the time will come, sooner or later, when the remedy will cease to have any controlling effect upon the heart and then we are helpless. It is always desirable to postpone that period as long as possible.

Should the heart become nervously excited during the administration of the digitalis, as it often does,