CASE HISTORIES

CASE 1.—The patient was a 21 year old white man, a chauffeur, with aortic insufficiency on a rheumatic basis. There was a characteristic diastolic murmur at the aortic area. The blood pressure was 130/20. Capillary pulsation and a pistol shot sound over the femoral arteries were noted. The heart was considerably enlarged to both physical and roentgen examination (fig. 1).

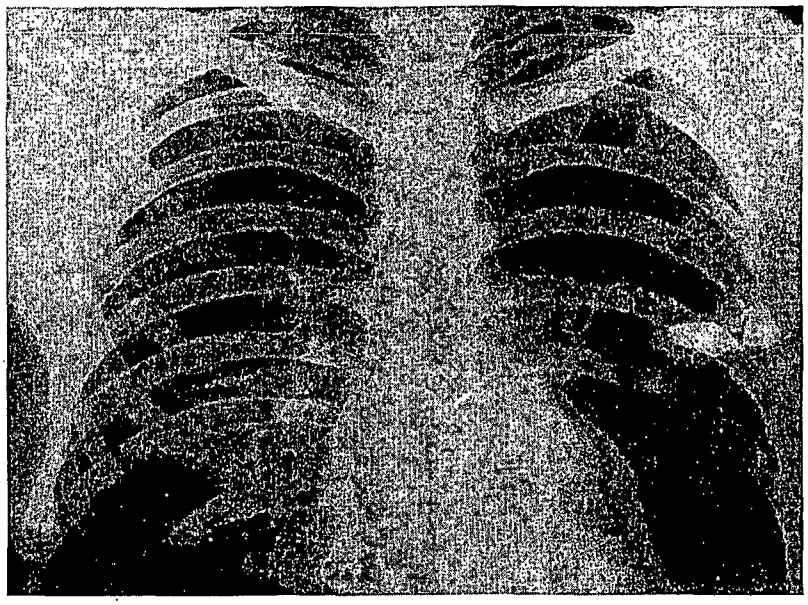

Fig. 1 (case 1).—Teleoroentgenogram of a patient with aortic insufficiency. (Compare with fig. 2 *B*.) The heart is enlarged, with a transverse diameter of 15.8 cm. The response to the exercise tolerance test was normal.

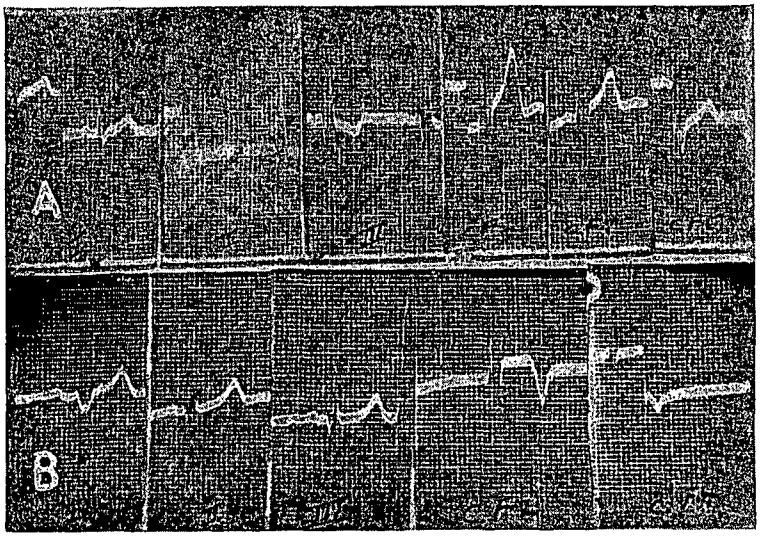

Fig. 2.—*A*, electrocardiogram of a patient with hypertensive cardiovascular disease (case 3). The record is definitely abnormal with prolonged intraventricular conduction time (.11 second) and abnormal STT segments in leads II and III. The response to the exercise tolerance test was normal.

B, electrocardiogram of a patient with aortic insufficiency (case 1). (Compare with fig. 1.) The record is definitely abnormal with inversion of T waves in precordial leads. The response to the exercise tolerance test was normal.

An electrocardiogram showed inverted T waves in CF 2, 4 and 5 and frequent ventricular premature beats with runs of bigemina. The tracing was interpreted as suggesting anterior myocardial damage (fig. 2 *B*). A previous electrocardiogram, made in 1946, had been within