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Observations upon the Diagnosis of Cardiac Disease, founded upon a case of Mitral Disease with regurgitation through the Left and Right Auriculo-Ventricular Orifices, associated with general Dilatation and Hypertrophy of the Heart, by R. PALMER HOWARD, M.D., Licentiate Royal College Surgeons, Edinb., Associate Member of the Surgical Society of Ireland, &c.

Henry S—, a Shoemaker, aged 26, of sanguineo-lymphatic temperament and well developed frame. Has had three several attacks of rheumatic fever, 4, 5 and 8 years ago respectively, in none of which was he conscious of any cardiac uneasiness, nor was treatment directed to this organ. About 12 months after the last attack, for the first time, while running to a fire, his breath failed him, his heart beat violently, and he was obliged to stand still. From this period he gradually became "short-winded", any exertion brought on violent palpitations which have been tolerably constant for the last 2½ years. All this time he pursued his occupation with the exception of occasional intermissions, when under medical treatment for the cardiac affection. Has not had a cough until recently. His grandfather and family were subject to rheumatism; his father suffers from pains in the shoulders with stiffness of the joints; and one of his sisters died of disease of the heart, succeeding that affection. No rheumatic predisposition on the maternal side.

On Sunday, the 26th Augt., being as well as usual, he climbed up several trees, which exhausted him, and induced

dyspnœa and palpitation; however, he continued at work for the next three days, but was then obliged to abandon it on account of the violence of the palpitations which, for the first time, were attended with severe pain, extending across the epigastrium, occurring in paroxysms, especially at night, lasting several hours, preventing sleep, and obliging him to sit up and lean forward to relieve his sense of suffocation. His sleep was now disturbed by frightful dreams and frequent startings up in alarm. He observed his garters to be getting tight, and his abdomen felt enlarged as if by "wind." A practitioner who had formerly visited him was sent for, but pronounced his case beyond the reach of medical assistance.

On the 6th Sept., I paid my first visit at 6 p.m., and found him sitting on a sofa leaning forward and resting his head on a pillow upon the table. Countenance anxious, face pale, and somewhat puffed, lips livid, eyes not injected, pupils dilated, and skin warm and moist, large drops of perspiration studded his forehead and face; feet, ankles and lower part of legs a little swollen, of a purplish hue, pitting but slightly on pressure; abdomen apparently enlarged, but palpation failed to detect fluid in the peritonæum. Tongue slightly furred except at point; bowels free, stools said to be light coloured, and urine to be normal in quantity and colour. Pulse intermitting, unequal and irregular, 1 or 2 full soft beats being followed by 2 or 3 small weak, and scarcely perceptible throbs, making about 90 vibrations in a minute.