

## THE DIAGNOSIS OF ORGANIC HEART TROUBLES.

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There are no problems of physical diagnosis which so puzzle the average practitioner as differentiating between, and recognizing the significance of, the murmurs present in organic diseases of the heart.

It is quite evident that proper therapeutic agents cannot be employed until an exact knowledge of the conditions present in any particular case can be obtained by the attending physician. In most cardiac affections attended by organic change there are distinct murmurs discoverable, and it is only by a proper understanding of these morbid sounds that an accurate diagnosis can be made. Therefore, any guide to their meaning must be acceptable to the majority of the medical profession. To those who hear, but fail to appreciate the precise meaning of these sounds, the subjoined table will prove invaluable.

I am indebted to my friend, Prof. A. B. Shaw, of St. Louis, for this table, he having presented it to the class at the Missouri Medical College in the spring of 1879. Many complex tables have been given to the profession, but this is probably the best, combining, as it does, simplicity with easiness of remembrance; yet comprising all that is needed in making stethoscopic examination of the heart stating perfectly the time and location of the murmur, thus indicating what the lesion is, and where it is located. I submit it to the readers of this article, trusting it may prove of as much benefit to them as it has to me:

TABLE OF CARDIAC MURMURS.

WHERE HEARD.	TIME OF MURMUR.	SIGNIFICANCE.
Apex.	Systolic.	Mitral Regurgitation.
	Pre-Systolic.	Mitral Obstruction or Direct Mitral.
Base of Heart and ascending Aorta.	Systolic.	Aortic Obstruction or Direct Aortic.
	Diastolic.	Aortic Regurgitation.
	Diastolic.	Aortic Regurgitation.
Base of Heart, conducted toward Ensiform Cartilage.	Systolic.	Tricuspid Regurgitation.
Base, conjoined with Jugular Pulsation.	Systolic.	Pulmonary Obstruction.
Region of Pulmonary Artery.	Diastolic.	Pulmonary Regurgitation.

Pages might be written explanatory of this table; in fact, it covers the whole subject of the diagnosis of organic diseases of the heart. With it, all that is necessary is a knowledge of the topographical anatomy of the præcordial region; the location of various structures mentioned being known, and the several murmurs being heard, all that remains is to distinguish between systolic and diastolic sounds, and the diagnosis is accomplished. Without some such table in one's mind, it is impossible to intelligently examine a chest for cardiac trouble.—*Kansas City Medical Index.*

### SHALL PATIENT EAT WHAT HE CRAVES?

I often notice in medical journals, and hear it talked by medical men, that people should eat whatever the appetite, that being the true guide to the wants of the system, craves. In theory this may be right, based upon a normal appetite. (Who has one?) but in practice I believe it decidedly wrong.

Whenever we find a person craving some article of food or drink, and we can satisfy ourselves that it is a demand of nature for a needed supply, give it by all means. But there are so many perverted appetites, cravings and desires, that one must discriminate very closely, and think in straight lines, or he will err, and do harm to the body and life.

Country doctors do so little thinking as a rule, that advocates and teachers should be very careful what they teach. Who has not seen an old toper crave his whiskey, an old smoker his tobacco, an opium eater his drug, or a dyspeptic whose secretions are so loaded with lactic acid and the mucus membrane of whose mouth, stomach and bowels is so irritated by it, that functions can not be properly performed at all, and still craving and eating pickles, lemons and other sharp acids, etc. Any number of examples might be given, and yet doctors will often tell the patients to eat and drink what the appetite craves. When will medical men learn to think and try to understand vital processes, and realise that disease is not an entity but merely perverted life. This thought might be carried on into the realm of medicine, as well as food, its uses and abuses. There is a field here for both thought and experiment.

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### DROPS FOR EARACHE.

Pavesi recommends a mixture of camphor chloral  $2\frac{1}{2}$  parts, glycerine  $16\frac{1}{2}$  parts, and oil of almonds 10 parts. This is to be well mixed and kept in a well-closed bottle. A pledget of absorbent cotton is to be soaked with the drops, and then introduced as far as possible into the affected ear, two applications being made daily. Frictions may also be made each day with the preparation behind the ear. The pain is almost immediately relieved.