

### PROF. SÉE ON HEART DISEASE.

In resuming his winter course of lectures on clinical medicine, M. Germain Sée commenced a general review of the diseases of the heart. Diseases of the heart, said the professor, are not distinct from one another. It is the same affection presenting itself under different aspects, and offering different types. Whether the case be one of subacute or acute endocarditis, ulcerative or vegetating, the disease is always parasitic, and this view leads to a no less revolutionary deduction, that of the negation of their inflammatory nature. Under the latent and sometimes the remote influence of a specific disease, especially of articular or choreic rheumatism, the endocardium is exposed to the action of the microbe, easily defined in this part, although not so readily recognized in the joints. At other times the cause is typhoid fever, or an attack of diphtheria long forgotten, scarlatina, infectious pneumonia, or even syphilis. There is no exception to this rule of the parasite origin of valvular or myocardial mischief, except in chronic affections of the aortic orifice of old people, which coincide and result from the fatty, atheromatous, sclerous changes of the arteries. Like all other cardiac diseases, those of the aortic orifice in the young are parasitic. It is degeneration without a trace of inflammation that is found in all heart lesions, whether acute or chronic, and to this condition Prof. Sée would give the name of "endocardie." The same parts, the same elements and the same spots are invaded, the permanent lesion consisting of a hyperplasia of the conjunctive tissue. The disease is a continuation of the morbid process, which began in an acute or subacute form, perhaps unperceived by the patient or medical attendant. There is consequently but one cardiac disease presenting two types—the endocardial and the valvular types. A third type is due to sclerous, atheromatous and other changes in arteries, comprised under the general term "arteritis," due to age, alcoholism, gout, diabetes, etc. The fourth type, and to which M. Sée assigns the most important place, is that condition of the heart which is caused by sclerosis of the coronary arteries, leading to degeneration and narrowing of the vessels, and ultimately to sclerosis of the myocardium—the fifth type. In the sixth class Prof. Sée places the hypertrophies and dilatations consequent upon primary valvular disease. The seventh class comprises the nervous troubles. Prof. Sée does not think, however, that palpitation and acceleration of the heart's action ever leads to hypertrophy. A pulse of 140 may exist without producing this effect. Nor does exophthalmic goitre lead to the slightest lesion or fatigue. The eighth type is the pericardiac, the cause being always parasitic. In the ninth and last

category come dilation and aneurism of the aorta.—*Lancet*.—*New Orleans Med. and Surg. Journal*.

### CLINICAL SIGNIFICANCE OF COLORLESS STOOLS.

At a recent meeting of the Royal Medical and Chirurgical Society, a paper by Dr. T. J. Walker was read by Dr. Andrew Clark as to the "Clinical Significance of Colorless or Clay colored Stools unaccompanied by Jaundice, their Connection with Disease of the Pancreas and on the part played by the Pancreas in eliminating Bile from the Intestines." (*Lancet*.) After referring to the accepted views of the significance of clay colored stools, the author gave particulars of two cases in which during life a persistent symptom was the absence of color in the fæces, and in which the diagnosis made of obstruction of the pancreatic duct, with a healthy condition of the bile duct, was confirmed by the necropsy. From these cases he concluded,

1. That the formation of hydrobilirubin, the coloring matter of the fæces, depended on the mutual reaction of the bile and pancreatic fluid, under the influences met with in the intestinal tract.

2. That in disease a deficiency of pancreatic fluid would, equally with a deficiency of bile, cause the pathological condition of colorless or clay colored stools.

3. That, since, according to the most occult physiological researches, that portion only of the colored constituents of the bile which had been converted into hydrobilirubin was excreted in the fæces, while the unchanged bilirubin, bilifuscin, and biliwerdin were absorbed, it followed that if hydrobilirubin, could not be produced without the aid of the pancreas, that organ must have an important rôle in regulating what proportion of the bile entering the intestines should be absorbed and what thrown off in the fæces.

Dr. Walker then pointed out that these conclusions received confirmation from the records of other published cases, that Claude Bernard recognized that the pancreas had a part in causing the color of the fæces, and that the state in which the bile pigments were found in the meconium of the fetus, while the pancreatic function was in abeyance, also accorded with these conclusions.

He further pointed out that the fact of the pancreas influencing the excretion of the bile in the fæces would, if accepted, reconcile the discrepancy between the clinical observation that certain drugs produced copious bilious stools, and the physiological observation that these drugs had little or no influence on the secretion of bile by the liver; and that the same fact would explain those hitherto inexplicable cases in which, with no evidence of arrest of the bile-secreting functions of the liver