

# RETROSPECT OF CURRENT LITERATURE. --- Medicine.

UNDER THE CHARGE OF JAMES STEWART.

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## **Cardic Hypertrophy and Dilatation.**

THOMAS CLIFFORD ALLBUTT, M.D., LL.D., D.Sc., F.R.S. "Hypertrophy and Dilatation of the Heart." *The Practitioner*, January, 1902.

Valvular diseases and Bright's diseases are outside the subject included in the title of this paper, and while the two conditions of the heart thus designated above are commonly found together, dilatation may be found without hypertrophy, while hypertrophy is rarely ever found without dilatation, or without increase of capacity in either auricle or ventricle or in both. The insufficiency of the normal heart on excessive and protracted bodily exertion, since there is no conclusive proof that the walls of the normal heart are susceptible of strain under stress of muscular effort, such as to give the structure a new set, is accounted for by, (1) the accumulation of waste products, (2) the need of nutrition. As a safeguard preventing the heart from working itself to death, suffocation and exhaustion, thus induced, may be considered. While that incapacity which so often persists may be designated rather than explained as "nervous exhaustion," which has its source not in the quality of the heart muscle, but in some nervous disorder, that amount of dilatation found in such hearts is to be considered rather as the result of influence through the vagus or depressor nerve than as a molecular strain.

Dr. Allbutt reduces more and more the factor of blood pressures in cases of apparent heart strain, and attributes the symptoms in the cases described to intercurrent causes, syphilis, tobacco, tea, alcohol, and improper or insufficient diet.

*The total mass of blood* is a factor of much importance in the labour of the heart. With increase in the bulk of the blood, especially in those engaged in active and often heavy work, the heart has more work to do, and the left ventricle dilates and hypertrophies. Many