

and the intestines gave evidence of acute peritonitis.

The history here is complete, leaving no possible doubt as to the origin of the disease. The early infection here exhibited is at variance with the views of Snger and shows that his statements are not necessarily correct, or accidentally correct if at all so. There is no sufficient reason why this infection should not be early. I incline to the belief that the disease originates early, but may be slow in its progress, and thus escape attention and discovery.—*College and Clinical Record.*

PROGNOSIS OF HEART DISEASE.

The invention and improvement of the stethoscope and of the sphygmograph have led to a closer study of diseases of the heart, as the result of which our ability to recognize them early has been materially increased. In more recent years, also, the treatment of heart diseases has improved, especially by the judicious use of Oertel's method, a good description of which was published in the *Reporter*, May 26, 1888. These two factors—great power in diagnosis and improved methods of treatment—have naturally tended to make the prognosis of affections of the heart more hopeful.

Prof. Leyden recently drew attention to this circumstance in a communication published in the *Deutsche med. Wochenschrift*, April 11, 1889. This distinguished clinician—says that sudden death is liable to occur in aortic insufficiency, both in grave cases associated with considerable dilatation and hypertrophy, and also in cases in which the lesion is slighter and better compensated. He admits that it may also occur in true angina pectoris—that is to say, in the form which is dependent upon sclerosis of the coronary arteries; but he declares that in all other varieties of heart disease sudden death is a relatively rare occurrence. In mitral affections, for example, it occurs in only about two per cent. of the cases, and is therefore so rare that the physician may neglect it in prognosis. In fatty degeneration of the heart sudden death occasionally occurs, it is true, as it does in the later stages of acute diseases and in the beginning of convalescence from them. It may also occur under the influence of over-exertion or strong emotions; but, as Leyden points out, these are rather general conditions which lead to heart weakness than affections of the heart themselves. And, after all, they result in sudden death so rarely that they need not be reckoned in prognosis.

In addition to the information gained by an examination of the heart and the condition of the circulation, it should be borne in mind, in making a prognosis, that the age, sex, and circumstances of the patient, as well as the apparent effect of treatment, have each to

be considered in estimating the probable result of the disease. For instance, little children do not bear heart affections well, while older children and young persons, on the contrary, do bear them well. In the aged the prognosis is grave, because heart affections are, at this period very commonly the consequence of arterio-sclerosis—a disease which progresses steadily and is never arrested.

As regards sex, the prognosis of heart disease in general may be said to be more favorable in women than in men, as would naturally be supposed from the fact that women are less exposed to the influences which determine arterio-sclerosis and grave cardiac affections, namely, physical overwork, venereal excesses, and alcoholism. Moreover, aortic insufficiency—the most unfavorable form of heart disease—predominates in men, whereas women are more subject to mitral stenosis. The latter lesion, Leyden states, is relatively benign; but he should have made an exception in the cases in which pregnancy complicates it, for then it is very fatal.

The patient's manner of life and his ability to take proper care of himself are important elements in the prognosis of heart disease; and it is for this reason that better results are obtained in the treatment of heart disease in private than in hospital practice. Furthermore, the readiness with which the heart is found to respond to cardiac tonics and stimulants is of importance. If such remedies fail, the outlook is of course more gloomy, as a lack of recuperative power on the part of the heart is indicated. Digitalis is the best remedy for use in judging of the power of the heart to respond to stimulation. But failure with it does not leave us entirely powerless, in spite of the fact that the effect of analogous remedies and methods of treatment is more uncertain.

Medical men, and the more intelligent of lay men, have long known that the existence of heart disease, in which compensation is good, is compatible with long life and comparative comfort, if the patient's circumstance permit him to live on a comparatively even plane of life, and with the best treatment of his heart trouble. They have also known that, when death results from heart disease, it is the exception, and not the rule, for it to come suddenly. Nevertheless, the average layman still regards the diagnosis of heart disease as equivalent to a sentence of death at no very distant period, and is continually in dread of sudden death.

This false conception will continue to influence the public mind until general practitioners, and especially family physicians, succeed in establishing a correct view of the matter in the minds of their patients.

It is to be hoped, therefore, that the views which we have just cited may be carefully con-