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ON SOME PHASES OF A FAILING CIRCULATION.

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Year by year the array of new facts, which modern research is constantly bringing to light, affords us new vantage points from which we are able to look back and see clearly the mistakes that have been made in the past. Owing to this enlarging view the physician finds that from time to time many of his concepts of disease have to be altered and with each alteration his therapeutics become more correct and more successful. Illustrations of this are to be found in every domain of medicine. This morning I desire to call your attention to one in the domain of the pathological physiology of the circulation, viz:—So-called heart failure—a misconception, as Janeway said in a recent address, hallowed by long usage, the alleged cause of more deaths than any other medical term. As popularly employed heart failure is merely a synonym of sudden death. It is a term made use of by many writers and teachers and yet it is a term often at variance with the facts as we now know them, and, therefore, misleading to us as therapeutists.

Sudden death at the height of an attack of lobar pneumonia was the illustration taken by Janeway and it is certainly a pertinent one. Permit me, however, to quote two out of several cases occurring in the wards of the Alexandra Hospital for Infectious Diseases, of which the details have been kindly given to me by Dr. Fyshe, the Medical Superintendent under whose care they were.

Case I.—M. N., female, aged 5 years, admitted on the second day of a well marked case of pharyngeal diphtheria. On admission a slight amount of laryngeal stenosis was present, but not enough to justify operative interference.

*Read before the Maritime Medical Association at their meeting in St. John, N.B., July 18, 1907.