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THE PROGNOSTIC SIGNIFICANCE OF
MODERATE CARDIAC HYPER-
TROPHY AND DILATATION.*

BY DR. CHAS. SHEARD.

I have chosen for the subject of this address "The Prognostic Significance of Moderate Cardiac Hypertrophy and Dilatation," in the hope of eliciting a discussion on the prognosis in cases of slight lesion of the heart, for often great stress is laid upon the discovery of a slight murmur, or upon the character of the murmur, while the existing condition of the heart is either overlooked altogether or treated as of secondary importance, and the patient, sometimes without cause, is left to conjure up all the evils conveyed to the layman in that dread expression "heart disease." Let us first understand what conditions result from incompetency, or from imperfect action of the heart's valves. I would at the outset lay down the principle that cardiac murmurs are only symptoms, sometimes unreliable, of interference with the functions of the valves, and not proof of cardiac disease. I presume there are none here who cannot call to mind cases where a murmur existed for years, and the patient either did not know of it, or never felt any effects sufficient to complain of. The conditions of the heart as a whole, and the symptoms resulting from its altered condition, are the true indications.

* Read before the Ontario Medical Association.

The conditions which attend any interference in the proper action of the cardiac valves are

1. Distention of the cavity from which the blood is passing.
2. As a result of the continued distention, hypertrophy of the muscular walls of that cavity.
3. Dilatation or thinning of these walls when the increased development of muscle can no longer be maintained.

Each of these conditions are pathological, and may produce in themselves serious irregularity of action, or serious cardiac symptoms, or even death. It is quite possible for sudden swelling of the mitral valves to be productive of such distention of the left auricle that severe and fatal dyspnoea (from direct pressure upon the pulmonary veins) may result, and in invasion of the aortic valves there are often seen as the direct results of ventricular distention paralysis of the heart's systole. Here death occurs before hypertrophy has had time to occur and without dilatation, and in acute inflammatory changes causing either marked irregularities in the heart's rhythm, or sudden death. No doubt this is the true explanation.

These acute conditions are comparatively rare. Oftener is the practitioner called upon to determine the significance of a slight mitral or aortic murmur. He is asked, or asks himself, Is it of serious import? I do not refer to hæmic murmurs, but to those only which bear the geographical limitations, marking either regurgitation or obstruction, and a correct