

Myocardial changes :

1. Aneurysm of the heart is rare and hard to diagnose. It interferes with the mechanical action of the heart. It is generally in the left ventricle and follows fibroid myocarditis. Rupture occurs into the pericardium and causes instant death.

2. Fatty infiltration follows along the coronaries and their branches, interfering chiefly with the mechanical action of the heart. It occurs in stout, plethoric, middle-aged, luxury-loving individuals who live too well and exhibit defective elimination. It gives rise to no special symptoms except those of a weak heart. The heart is usually enlarged, dilated and relaxed. The prognosis is good unless complications set in. Such cases do good under hygienic gymnastic and Spa treatment.

3. Fatty degeneration is usually allied more or less with fibroid infiltration. It is insidious in its onset. The muscle elements undergo hyaline degeneration, fatty change and atrophy. Connective tissue infiltration of a conservative character to maintain the resistance of the heart-wall follows after. Once established there is no tendency to return to a healthy condition. The subjects of it are usually middle-aged and out of the male sex. The symptoms are those of a dilating heart. The heart is enlarged and flabby and relaxed, and its substance friable. Over-exertion induces syncopal and anginal attacks; later on these occur at night. There may be Cheyne-Stokes symptoms. The prognosis is very grave. Treatment is mostly palliative, dietetic, hygienic and massage, with tonics such as iron, arsenic, strychnine and oxygen, carminative stimulants and heart tonics in emergency cases.

4. Fibroid infiltration, fibroid myocarditis is the commonest and most important of the arterio-sclerotic lesions. Generally associated with hypertrophy, it may be either general or local. It follows coronary obstruction and chronic congestion of the heart and indicates attempts at repair. The heart muscle atrophies and fibroid-infiltration occurs. The chambers are dilated, their walls thickened, their resilience and contractile power diminished. There is a gradual failing of compensation and often other associated degenerative changes. Sudden death or angina pectoris may be the first manifestations of the presence of the condition. Like fatty infiltration it occurs mostly in middle-aged people or those over fifty and most often in males. The signs and symptoms are those of failing compensation. Frequent attacks of gastralgia have a grave significance. Signs of emphysema or chronic Bright's or arterial degeneration are always present. In advanced elderly cases slow pulse (20 to 40 beats to the minute) with syncope, epileptiform and apoplectiform attacks (the Stokes-Adams