

## ON THE DIAGNOSIS OF OBSTRUCTIVE MITRAL BY A PRESYSTOLIC BRUIT.

By Dr. PEACOCK.

[The following is an extract of a paper read by Dr. Peacock before the Hunterian Society.]

Dr. Peacock stated his former disbelief in the existence of any such murmur, except, it might be, in rare cases, but subsequent inquiry had led him to modify his views to a considerable extent. He narrated a case in which he had been able to make out a distinct presystolic bruit during life, and on examination after death he found well-marked mitral constriction, together with vegetations on the auricular surface of the valves. In the lungs a number of apoplectic kernels of various ages were discovered. Dr. Peacock had found these bruits to exist either with or without systolic murmur, but, in some cases, and especially when associated with the last, their detection was very difficult, and the diagnosis of mitral obstruction by physical signs alone uncertain. It might, however, be made out by the fact that the burden of the work was thrown upon the right side of the heart, which beat louder than usual, by the tremor which sometimes accompanied the contact of the apex of the heart, with the side, and by the pulse, which, as the left ventricle was unaffected but the supply of blood limited, was small and quick, but regular. The condition of the lungs is also different; the onset of the disease being more gradual than in regurgitation, the pulmonary capillaries have time to distend; hence the dyspnoea is less. There is less general venous engorgement, so that there is less dropsy, and that mostly in the lower extremities; the face is also usually paler. The prognosis is better than in mitral regurgitation, although in neither did he consider it so bad as was sometimes stated, and in both it was better than in aortic regurgitation. The treatment of the two mitral affections was rather different. In the case of obstruction, the patient was usually anæmic, and the circulation was with difficulty maintained; therefore tonics, especially chalybeates, were specially indicated. In regurgitation, again, the symptoms were generally more urgent, and the accumulated fluid had to be removed by diuretics or cathartics. Some patients lived a very long time with contracted mitral, especially young people who might have been born so, or acquired the condition soon after birth. As for himself, he was inclined to believe that rheumatism as a cause of heart complaint had been over-estimated.—*Medical Times and Gazette*, Feb. 3., 1867, p. 131.