

together with the evidence of enlargement, existed as before, and some six years afterward she died, after having an attack of apoplexy with hemiplegia.

Here was a case in which there were cardiac lesions giving rise to no appreciable pathological effects or symptoms. Alone, they were not incompatible with excellent health; but associated with marked anemia, the lesions seemed to assume great gravity, and the case presented an appearance of an advanced stage of organic disease of the heart. The intensity of the systolic murmurs, the palpitation, the dyspnoea, and the dropsy were attributable, not to the cardiac lesions, but to the coexisting anemia; and these symptomatic events completely disappeared when the cause of the anemia was removed, and the normal state of the blood restored by appropriate treatment.

This case is typical of a class of cases in which, superadded to cardiac lesions, are symptoms or pathological events with which the lesions have no causative connection. The symptoms, or pathological events, were they dependent upon the lesions, would denote more or less gravity of disease. But the association is merely one of coincidence. The various causes which produce functional disorder in persons who have sound hearts, are of course operative fully as much, and even more, in persons whose hearts are unsound; and the latter, as well as the former, are liable to be exposed to the causes of functional disorder. Cases in which disordered action of the heart, mainly or entirely functional, occurs in connection with cardiac lesions of little or no immediate importance, are by no means infrequent. The disordered action and the concomitant symptoms are apt to be imputed chiefly or wholly to the lesions in such cases. The prognosis is therefore needlessly grave. Here, again, taking into account the moral effect of the prognosis, it would sometimes doubtless have been better had the stethoscope not been brought into requisition.

It is obviously desirable to determine, as far as practicable, in individual cases, the extent to which functional disorder is independent of existing organic disease. This is not always easy at once. Often, however, there is an evident want of proportion between the lesions and the disturbance of the heart's action. With reference to this point, it is important to form a correct judgment concerning the amount of organic disease. This judgment is to be formed by investigating the cases with reference to the following points of inquiry:

Is the heart enlarged, and, if so, how great is the enlargement? Does hypertrophy or dilatation predominate, if there be much enlargement? What is

the information obtained by interrogating the different valves, namely, the aortic and pulmonic, and the two auricular valves separately? Is there ground to infer the existence of fatty degeneration? Again, cases are to be investigated with reference to the existence of well-known causes of functional disorder of the heart, and in this direction these questions will arise: Have pregnancy and lactation preceded the disturbed action of the heart? Has there been loss of blood from hemorrhages anywhere? Is there anemia from any cause, or without any apparent causation, as determined, not alone by the complexion, the appearance of the eye, the mucous membranes, etc., but by the venous hum in the neck? Does the patient suffer from dyspeptic ailments? Do mental causes enter into the etiology? Has there been over-excitation of the sexual system? Is tobacco used immoderately? Canvassing fully and fairly the facts embraced in the answers to these two classes of questions, the prognosis is to be based, on the one hand, on the evidence of an inadequateness in the amount of organic disease to account for the symptoms, and, on the other hand, on the adequateness of existing causes to explain the disorder, independently of the lesions which exist.—*N. Y. Med. Jour.* May, 1870.

(Continued.)

On the Use of Sarsaparilla in Syphilis.

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* * * The fact is, the antisyphilitic effects of sarsaparilla depend upon the dose in which it is given.
* * * The remedy is used by us as a decoction, which is made in the infirmary in large quantities. Of this decoction, which differs only in unimportant details from the compound decoction of the Pharmacopoeia, we administer from four to ten ounces three times a day, or prescribe some such quantity as a pint or a pint and a half to be taken at will during the twenty-four hours. This medication is expensive no doubt, but that treatment is the cheapest which most quickly cures the patient. The cases in which sarsaparilla is most useful are cases in which the system is thoroughly infected with syphilis, during the tertiary and visceral modes of its appearances.

In persons who are in a thoroughly cachectic state, who have lost flesh and strength, and who are suffering from sluggish ulcerations and indolent gummata, the sarsaparilla is really of great value. I believe there is scarcely a practitioner among my readers who will not rejoice to hear of a remedy which will help him to cleanse and to re-establish