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THE PRESENT STATE OF CARDIAC THERAPEUTICS.

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(The Address on Therapeutics at the Twentieth Annual
Meeting of the Canadian Medical Association,
Hamilton, Sept. 1, 1887.)

The subject of cardiac therapeutics is one of great importance—of much more importance than is generally conceded to it by the ordinary text-books. During the past year or two quite a revolution has come over our ways of looking into the future physical life of patients suffering from any of the forms of organic heart disease. In fact, as yet, these views to which I refer have not by any means become general. These changes of opinion are of such paramount importance to the well-being and happiness of those committed to our care, that it is the bounden duty of every practitioner to study them seriously. The changes to which I refer consist in the much more favorable prognosis that is admissible in the great majority of cases.

Last year, at the meeting of the British Medical Association at Brighton, Sir Andrew Clarke created what almost be called a sensation by giving the life history of a very large number of cases of organic disease of the heart which he had the opportunity of observing for very many years. The point made by Sir Andrew was

this: that patients with organic heart disease lived much longer than they were supposed to do, and that the great majority of them were not only able to live, but also to work—to live with comfort and work with vigor.

No doubt a number of observers had pointed out before that cases of organic disease of the heart do frequently present themselves where the lesion had been in existence during a long lifetime without the patient's knowledge that there was anything seriously wrong. There is an important therapeutic lesson to be gathered from the history of a case of a man with one or more seriously damaged heart valves, who has led a long and active life, throughout which he has been unconscious of anything wrong. Such a case teaches us the clinical history of the course of the disease uninfluenced by treatment and uninfluenced by the mental worry necessarily present where there is a consciousness of the presence of a grave organic lesion.

In dealing with this subject, I will first refer to the means that should be employed when we have to do with an acute inflammatory process in the endocardium, and (2) the treatment of the consequences that result from any chronic condition or state that gives rise to secondary changes (mechanical) in the heart: or, in other words, the treatment of threatened or actual loss of compensation.

Given a case of acute endocardial inflammation of, say, the aortic valves, which leads to deformity and, consequently, to incompetency of these valves, what are we to do to limit the extent and, consequently, the hurtfulness of