

## FAILURE OF THE HEART IN VALVULAR DISEASE AND ITS TREATMENT.

The writer quotes frequently from a recent article by J. Mitchell Bruce. When a patient with palpitation, dyspepsia, cough and threatening dropsy presents himself for treatment, he doubts "whether we are always careful to put the question to ourselves, What has happened to this man that he should come to me with these symptoms after twenty years of freedom from suffering since the original rheumatic endocarditis? Time was when we were satisfied in such a case with the diagnosis, mitral incompetence. We should now consider this diagnosis as insufficient, and would complete it by saying mitral incompetence with cardiac failure." He ventures to say that "this diagnosis is still short of the full truth," and that "when we proceed to offer a prognosis based on such a conclusion only, and to apply treatment, we proceed on insufficient information. We must first determine the *cause of the failure*, why the heart has broken down, whether from muscular strain, or nervous exhaustion, or alcohol, or other discoverable cause." He maintains that until this point is satisfactorily settled we are not justified in offering a forecast or ordering a therapeutical course.

Dr. Bruce next proceeds to consider the most frequent causes of broken compensation. According to him they may be described as follows: 1. Muscular overwork. 2. Nervous causes, such as the depressing emotions of fear, grief, distress and anxiety. Worry, here as elsewhere, is potent for much mischief. Nervous excitement of a pleasurable kind may also work evil. 3. Imperfect blood supply to the heart. This may result from general hæmatic impoverishment, or from a diseased state of the coronary arteries. 4. Intercurrent diseases, among which rheumatism and pulmonary mischief are most to be dreaded. 5. Causes peculiar to women, such as pregnancy, confinement, protracted lactation, the climacteric, or even difficult menstruation. 6. The every-day use of tea, coffee, tobacco, or alcohol, which act, according to Dr. Bruce, as cardiac poisons. 7. Increase of the valvular lesion, due to endocarditis, rupture of a diseased valve, etc. 8. The advent of what may be called the "limit of compensation." By this is meant the limit that is placed on life and health by the occurrence of secondary changes on the lungs, liver, kidneys and, indeed, in the cardiac wall itself. Cardiac dropsy is finally developed. Judicious treatment may "again and again secure for a time a fresh accommodation, a new adjustment of the physiological balance; but the end cannot be indefinitely averted—the limit of compensation is finally reached."—*Editorial, Med. Record, March 17.*

## CLASS-ROOM NOTES

(From the College and Clinical Record.)

Prof. Bartholow recommends for habitual constipation a few minims of wine of tobacco, taken at bedtime. It acts by increasing the secretion and causing peristaltic action.

Prof. Keen gave to the class the following receipt for a light food: White of two eggs well shaken in a bottle with two ounces of lime-water, then add eight ounces of milk.

In the treatment of gummata by the iodides, an occasional dose of pilocarpine is of much value, by favoring liquefaction of the growth and increasing secretion. Prof. Bartholow.

Prof. Da Costa prescribed for a man with polyuria—

R. Extract. ergotæ fluid., ʒss.

Sig.—To be given three times a day, and gradually increased up to one teaspoonful *ter die*.

If stricture of the vagina be discovered in a pregnant woman, let it alone, as the head of the child is the best dilator. Should it prove an obstruction, and not give way in labor, it can then be nicked. Prof. Parvin.

As a good sorbefacient, Prof. Keen gave the following:—

R. Lanolin,

Agnin.,

p. æq. M.

Apply.

Prof. Parvin thinks a solution of creoline for washing out the bladder should not be stronger than one-half of one per cent.; that is, half a teaspoonful of creoline to a pint of water. He prefers this strength for vaginal injections also.

For a man fifty-six years of age, Prof. Da Costa prescribed the following for aortic stenosis and fatty degeneration of the heart:—

R. Barii chlorid., gr. 1-10

Aquæ destillat., ʒj.

M.

Sig.—*Ter die*.

Milk diet.

For a case of subacute rheumatic fever Prof. Da Costa prescribed one ounce of potass. acetate in the first twenty-four hours; half-ounce the following twenty-four hours, and two drachms a day to be continued. Also ten drops of tincture of digitalis three times a day.

When it becomes necessary to evacuate a scrofulous abscess, it is far better to draw off its contents with a cannula, and inject through the instrument, before removing it, five per cent. ethereal solution of iodoform (being careful not to use enough iodoform to produce toxic symptoms) than to make a free incision. Prof. Keen.