

I want to say a few words to you with regard to the symptoms and diagnosis of heart disease. Our first duty when disease of the heart is suspected is to examine both heart and lungs carefully. The two most constant symptoms of heart disease are shortness of breath upon exertion, and palpitation. There may be, in addition, dropsy, epistaxis, and cough, with spitting of blood.

First, as regards the dyspnoea. It may be constant, and it may only occur upon exertion. This symptom is always present in serious organic disease of the heart or lungs, and is due to the imperfect oxidation of the blood, owing either to passive congestion of the lungs from mitral disease, or to the fact that the action of the heart is so rapid that the blood has not time to be oxidized in its passage through the lungs. Palpitation, just like dyspnoea, may be constant, or only occasional in cardiac diseases. It may be caused either by the imperfect filling of the cavity of the heart, or by the fact that the heart is always engorged and always struggling to expel the blood. Where there is a nervous element in the case the palpitation may be due to disturbance of the cardiac pexus, or positive degeneration of those nerve centres. Dropsy is only present in the later stages of heart disease, and in most cases is due to a mechanical daunting back of the venous blood. This obstruction may be so great as to cause rupture of the walls of the veins, and hemorrhage, instead of leakage of serum.

In making a careful diagnosis of heart disease you must begin by examining the heart. Thus let me take Case 3, for instance. I find slight fullness of the præcordia. The impulse is felt as high up as the third rib, as far down as the sixth, and from the edge of the sternum out to beyond the line of the nipple. In this instance the area of heart dullness is three inches up and down, and two and one-half inches transversely. The normal limits of dullness are not so great. This tells me at once that something must be wrong. Let me try auscultation, as it is the most accurate physical method. I begin by listening over the head of the third rib on the left, because that spot is close to all the valves of the heart. By listening here I can distinguish a very marked murmur. (The Professor at this point entered into a long description of the character of the two normal sounds.) In both these cases (3 and 4) the murmur is synchronous with the first sound of the heart.

We have determined that there is a murmur, and also that it is synchronous with the first sound of the heart, but the point now arises, where is the murmur produced? Let us note in what direction the murmur is best carried. This is always the direction in which the blood is passing through the diseased valve. In this case I cannot hear the murmur at all at the aortic cartilage, and but feebly at the pulmonary cartilage. At the point of the

sternum it is scarcely audible. Evidently there is no aortic, and no tricuspid disease. It is distinctly audible at the point of the heart, and is transmitted round under the left arm, and distinctly heard at the lower and posterior angle of the left scapula (this point corresponds with the apex of the heart in front). Let us see, now, where we are. We have heard a strong, blowing, systolic murmur, which is synchronous with the first sound of the heart, and is heard most distinctly at the point at the heart, and is transmitted round under the left arm and heard at the posterior, inferior angle of the left scapula. *It must be a mitral regurgitant.* In the same way I might go through Cases 1 and 2, but I hope you have seen enough to understand the method of physical diagnosis in cases of cardiac diseases. At some future time I shall have something to say to you about the treatment of these diseases.—(*Philadelphia Med. and Surgical Reporter.*)

#### GENERAL SUBINVOLUTION WITH PROLAPSUS OF THE UTERUS AND VAGINA.

CLINIC BY PROF. THOMAS, OF NEW YORK.

Eliza G., a native of Ireland, and thirty-nine years of age. She has been married sixteen years, and has had seven children, but no miscarriages. The last child was born eight years ago, but she is still living with her husband. She says she has been complaining for three months past, but was quite well before that. She first noticed a little lump in the right side, with pain, which "struck upward" over the hepatic region, and extended as far as the head. She also complains of a "weakness in the back," and suffers from leucorrhœa at times. Her menses are regular, and she never has any trouble with the bladder. This is all she has to tell us, and you will notice how very vague the symptoms are. There is nothing in them whatever to direct our attention to the uterus except the backache and leucorrhœa; but on account of these I thought it was better to make an examination, and when I tell you what I found I am sure you will be not a little surprised to learn the gravity of the affection here present when the symptoms were so trivial. This case shows very conclusively the value of physical diagnosis, and any one who had not resorted to it here would probably have treated the woman for disorder of her liver. I cannot impress upon you too strongly the very great importance of physical exploration, not only in uterine but in all other diseases. Well, on passing my finger into the vagina (which, by the way, I had some difficulty in doing), it encountered the cervix, very much enlarged, within two inches from its entrance. The reason that I had trouble