

# THE CANADA LANCET

A Monthly Journal of Medical and Surgical Science, Criticism and News.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.

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TORONTO, MARCH 1895.

## Editorial.

### FATTY HEART.

Few cardiac diseases present so many difficulties to the practitioner, either as to exact diagnosis or treatment as does the condition, rather loosely spoken of as fatty heart.

It is necessary to remember that two, and perhaps three, quite distinct pathological conditions must be noted in making a diagnosis in suspected fatty heart. We all know that in long-continued, wasting diseases, accompanied by a high range of temperature, there is a condition akin to, but not identical with the fatty degeneration. The heart muscle shows, on examination, a paleness, and a soft, brittle texture, but histologically presents quite a different aspect from the degeneration induced by phosphorus poisoning, pernicious anæmia, or the myocarditis of diphtheria. This is the heart which so often causes fatal syncope, when a patient recovering from typhoid, rises too quickly in bed, or takes other violent exercise. We may suppose then, that, in such cases, the heart muscle is weakened, flabby and ill-nourished, in common with all the other muscles of the body; and thus succumbs to the unusual strain put upon it.

Then we have the true fatty degeneration, which follows phosphorus poisoning, as it does also the toxic effects of arsenic, mercury and lead; pernicious anæmia, Hodgkin's disease, and sometimes cancer and phthisis.

The third form, usually spoken of as fatty over-

growth, is the *Cor adiposum* of the older writers. It is usually associated with a general tendency to obesity, and may consist in an abnormal deposit of fat under the pericardium, or an infiltration between the muscular fasciculi. This form is induced by an indolent and luxurious mode of life, with overfeeding and drinking, especially beer drinking.

Now, in any suspected case, the form of fatty heart may be generally fairly well made out by carefully scanning the causes which have induced the degeneration; and treatment instituted accordingly.

We said "suspected case," for it is the clinical experience of all who have studied the heart, that *there are no certain signs of the condition.*

It is notable that by physical examination, a fatty deposit in and about the heart, cannot be distinguished from true fatty degeneration. The symptoms usually put down are very obscure and doubtful, and this conclusion of some of the most distinguished clinicians of the day, must be the consolation of many a befogged general practitioner, when listening to a "suspected" fatty heart. There was one landmark which gave confidence in diagnosis, but even that has now been taken from us; "the *arcus senilis* is of no moment in the diagnosis of fatty heart," (Osler).

So we have to consider the condition of the patient; dyspnoea on exertion; great muscular and mental debility; irritability from imperfect nourishment of the brain; coldness of the extremities; slow, feeble, irregular or intermittent pulse; disturbed sleep; cardiac asthma and anginal attacks.

The treatment will of course vary with the particular form under consideration. The heart of convalescents must be saved from undue exertion by the most scrupulous conservation of its energies. Rest in bed, and concentrated nourishment with tonics are the chief indications. Stimulants are useful in many cases to give the necessary fillip to the stomach, both for appetite and digestion.

In true fatty degeneration the above remarks will apply, plus diffusible stimulants to overcome the sense of faintness, together with strychnia and coca.

Opium in any form should be avoided for restlessness and insomnia, and the bromides, prefer-