Dominion Medical Monthly

And Ontario Medical Journal

۷ol. XLV.

TORONTO, JULY, 1915

No. 1

Original Articles

TREATMENT OF THE FEVER HEART*

H. B. ANDERSON, M.D., L.R.C.P. (LOND.), M.R.C.S. (ENG.).

The treatment of the Fever Heart is a problem, if one may use a paradox, at once so simple and so complex, that I have had difficulty in delimiting the ground to be covered in discussing it.

Fever as a clinical condition is symptomatic of the toxaemia associated with many different forms of local or generalized microbic infection. The effect of these upon the heart varies with the nature of the infection, its intensity, duration, individual resistance and many other associated conditions. It is well known that the infective bacteria of many diseases—as pneumonia, typhoid, influenza, gonorrhoea, septicaemia, etc., may invade the heart, though in other diseases—as diphtheria—the injury to the myocardium is due to the toxaemia alone.

The treatment of the fever heart is simple, because often it is satisfactorily included in the proper routine management of the case, without any medication directed specially toward the heart. Thus rest, mental as well as physical, fresh air, proper regulation of the quality and quantity of food and drink, baths, relief of pain, efficient elimination; specific medication, such as antitoxin in diphtheria or quinine in malaria, the drainage of septic cavities or the removal of foci of infection—all measures directed against the underlying infection—are important, directly or indirectly, in safeguarding the heart. Frequently nothing more is required.

It is important here to bear in mind the modern conception of fever as a conservative reaction designed to increase the resistance of the individual to the infection. Ordinarily it is only when fever assumes the type of a hyper-pyrexia that in itself it becomes the

^{*}Read before Peterborough Meeting of the Ontario Medical Association, May 27th, 1915.