

they are spared the necessity of exposure and over exertion, which so many of the laboring class have to endure. In arriving at an opinion, all the circumstances of each individual case have to be taken into consideration.

The ultimate prognosis in the large proportion of cases is, without doubt, unfavorable, yet some go through life and attain old age with marked disease of the heart, and it is better to err on the hopeful side than take too gloomy a view of any case.

The late Austin Flint used to relate a very instructive incident from his own experience on the prognosis in heart disease. Shortly after beginning practice he was consulted by the parents of a young girl with decided mitral insufficiency. His prognosis was unfavorable. He said the danger was imminent and but little improvement could be expected. He advised them to prevent all but the quickest movements. Little heed was paid to his advice; the child was allowed unrestrained freedom with other children. Twenty years afterwards Flint saw this girl, now a mature woman, leading an active, useful life.

It is scarcely necessary to an audience such as this, to say that only exceptionally should prognostic significance be attached to cardiac murmurs, since lesions of the most trivial nature may cause murmurs of the most marked character. It is true that sometimes they afford considerable assistance in judging of the future prospects of particular cases, yet these are exceptional; ordinarily they should have no place in prognosis.

Treatment.—This includes prevention as well as management of the case after the heart disease has developed. The most effectual means to prevent the cardiac disease is, of course, to prevent the rheumatism which causes it, but we have no remedies to effect this purpose. We can but avoid the causes, preserve the best attainable health, and protect the person against such influences as cold and wet, as cause rheumatism.

If the rheumatism occur we are then driven back to preventing the heart becoming involved. To do so we should arrest the rheumatic process as soon as possible. It is claimed by many capable observers that the alkalies are our best remedies for this purpose, and that if given freely before the heart becomes affected that they will prevent that complication. More recently it is claimed that

under the salicylates the heart enjoys equal immunity. Being compatible with each other, most physicians try to obtain the good effect of both by combining them. How far either or both these remedies deserve credit for power to prevent this phase of rheumatism is uncertain, but there is no doubt that they have little or no influence over the cardiac disease once that is established. As further aids in preventing the heart affection we should promote excretion so as to relieve the system from the irritation of the waste products and thus relieve the heart also from the increased labor incident to retention of waste in the blood. The purer the blood the more easily is the circulation maintained.

Then the nutrition should be carefully maintained by the administration of light liquid nutritious food at short intervals so as to forestall the anæmia that almost always threatens. And the condition of as complete rest as possible should be maintained, so as to relieve the heart of all the strain possible, even in the mildest cases, in children particularly.

Sibson,* in his wide experience, found that while absolute quiet and rest seemed to have little influence in preventing the occurrence of the signs of heart lesions, it had great power over the permanence and increase in those lesions. He found that the signs of heart disease completely disappeared or persisted only in a slight degree in a much larger proportion of those cases who had been kept at rest and carefully tended than in those who were allowed freedom to exert themselves, even though otherwise well cared for. It therefore becomes of the utmost importance that rheumatic persons, especially the young, should be put to bed on the first symptoms, however trivial, showing themselves, and that they should be kept there until so far recovered from the rheumatism and its attendant anæmia, as to ensure the safety of the heart, and protect against a relapse of the rheumatism.

In the anæmic and debilitated attacked by rheumatism, it is doubtful if the benefit derived from the alkalies and salicylates, especially the latter, is not more than counterbalanced by their tendency to increase the anæmia, and thus the liability to heart disease. For my own part I have seen more benefit apparently result from the free administration of iron in these cases, preferably

*Ibid.