

## INNOCUOUSNESS OF CERTAIN HEART LESIONS—ACUTE ARTICULAR RHEUMATISM—SALICYLIC ACID AND ALKALIES.

A clinical lecture delivered in Bellevue Hospital, by AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College.

GENTLEMEN:—When this man was admitted to the hospital he had general dropsy, cardiac hypertrophy with murmur, and pallor, but no dyspnoea, cyanosis, nor suffusion of countenance. There was no evidence of renal affection. The general dropsy was of cardiac origin. It has disappeared under the use of half-ounce doses of the infusion of digitalis administered every three hours. And we may now ask ourselves, what is the explanation of this man's good condition, with hypertrophy and valvular disease of the heart? When we read his history, we find the explanation in certain facts, which go to show that there is not enough cardiac disease to produce the dropsy; but that certain accessory circumstances taken in connection with the cardiac lesions, produced it, and, that these accessory circumstances being removed, the cardiac lesions alone remaining, the dropsy has disappeared. I think this case will prove a very useful one in illustrating what I wish to impress—namely, that certain heart lesions are so well tolerated that the patient makes no complaint of symptoms having reference to the heart, provided we can control all accessory circumstances which, added to the cardiac affection, produce certain effects, such as dyspnoea, dropsy, etc. That is the practical point which this case exemplifies. Naturally, an unfavorable prognosis is usually given in such cases as this.

Now, let us obtain the physical signs relating to the heart. The apex beat can be felt in the sixth intercostal space, an inch and a half to the left of the mammary line, and there is a corresponding increase in the area of cardiac dulness. There is a murmur which begins after the second sound, and ends abruptly with the first, and is limited to a circumscribed space around the apex of the heart—a presystolic, or mitral direct, or mitral obstructive murmur. There is no other murmur. In this case, then, a certain degree of mitral obstruction has led to enlargement of the heart, and that hypertrophy and valvular lesion are borne by the patient perfectly well when in good general condition, but not when in the bad general condition to which his history refers; that is, he was anæmic, felt weak, was poorly nourished, and general dropsy, to a considerable extent developed. But the repose of the hospital and the regular nourishment which he has received, and the digitalis—for he had feeble action of the heart, just that

condition which furnished the indication for the use of that drug, without salines, without alcoholics—apparently produced free secretion from the kidneys, which undoubtedly tended to cure the dropsical affection, and whatever of serious trouble proceeded from the cardiac disease.

I will now read the history of the case, and it will at once become apparent what the accessory circumstances were which contributed to the development of the condition which he was in when he entered the hospital.

He is twenty-four years of age, and a moulder by occupation. He says he never had rheumatism. I have had occasion to observe this particular murmur many times in patients who have never had rheumatism. He has been a moderate drinker for several years, but during the three months immediately preceding the development of the general dropsy, being out of employment, he went on "daily sprces," and was exposed to cold and all the vicissitudes incident to such a career. In that fact we find sufficient reason why a young man of this age should become sadly depreciated in vital force; and in it also we find the etiology of the factors of the condition associated with the cardiac disease.

The valuable practical lesson to be learned from this case is this: the danger from enlargement of the heart with mitral obstruction is estimated beyond the importance of those lesions. If this man has sufficient sense to enable him to appreciate the importance of regular habits of life, will abstain from the use of alcoholics, and do such work as he can do with comfort, that affection of the heart may be of service to him. The lesson is, that the cardiac affection is well borne, and may continue to be well borne indefinitely, if the associated circumstances do not produce an impoverished condition of the general system.

### ACUTE ARTICULAR RHEUMATISM—THE ALKALINE TREATMENT AND THE TREATMENT BY THE USE OF SALICYLIC ACID—CARDIAC COMPLICATION.

CASE II.—James C—, an Italian laborer, æt. 30, was admitted to the hospital January 23d. His mother died of causes unknown to him. He has five brothers living and healthy. His habits are good, and he has always enjoyed good health until three years ago, when he had an attack of rheumatism attended with great pain in the knees and feet, and the joints of both lower extremities were red, swollen, and hot. It was seven months before he fully recovered from this attack, and to his knowledge no cardiac lesion was developed at that time. On January 7th he began to suffer from pain in the right shoulder, wrist, and thigh.

Symptoms relating to the joints, such as were noticed in the previous attack, again developed. On January 17th began to suffer from an "uneasiness" in the cardiac region, most severe at