

Tedeschi holds that in the discussion on "soldier's heart" too little attention has been paid to the influence of digestive disturbances on the cardiovascular system. He has observed in the Italian Army cases sent back from the front as suffering from heart disease (palpitation, pain in precordium, arrhythmia, weak pulse, etc.) in which the symptoms occurred only during digestion and were due wholly to distension of the stomach with gas, fermentation, aerophagia, motor disturbance, etc. Nasal obstruction due to hypertrophic rhinitis was often associated with aerophagia, and with the removal of these conditions the supposed heart disease also disappeared. In all of these cases the nervous or psychological element played a part.

Syphilis is ignored by practically all of the writers on "soldier's heart". The writer (Warthin) believes that both congenital and acquired syphilis play a very large part in the production of myocardial weakness in young men. Observations upon students developing myocardial insufficiency under the strain of athletic or field work have confirmed this view. A personal communication from Dr. Mortensen of Battle Creek, who has been engaged in cardiac examinations at Camp Custer states that a history of streptococcus infection (rheumatism, tonsillitis, etc.) is found in about 50 per cent of the cases of myocardial tachycardia, and that he believes syphilis to be responsible for the greater part of the remaining cases, although a definite history of syphilitic infection is usually not obtainable. On the other hand practically all cases of aortic valvular disease have given a history of syphilis. It is most probable that the streptococcus and the spirochete of syphilis are the two most important etiologic factors in cardiac infections; and examiners of drafted men and soldiers should bear this possibility in mind when examining. The gonococcus, pneumococcus, etc., probably play minor roles, although we have no data of value as to their relative importance.

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