

RHEUMATIC FEVER AND THE ARTERIES

By OSKAR KLOTZ, M.D.

PITTSBURG, PENNSYLVANIA

(From the Pathological Laboratories, University of Pittsburg, Pittsburg, Pennsylvania)

CARDIAC lesions are no longer considered as complications of acute rheumatic fever, but are just as much a part of the disease as the affection of the joints. The frequency of the association of pericarditis, endocarditis, and myocarditis or any one of them with other lesions making up the picture of acute rheumatism is very great, and I think many will agree with Aschoff that every attack of rheumatic fever leaves its mark on the heart. It has been particularly emphasized that the myocardium is most often affected, and this for the reason, as we shall subsequently indicate, that the reactions to rheumatism occur in the neighborhood of the fine nutrient vessels of the myocardium. Inflammatory exudates occur about these fine arteries, and are replaced in the chronic stages of the disease, by fibrosis.

In general our conception of acute rheumatic fever is being modified with the progress of the pathological studies made upon it. That it belongs to the acute infections no one will deny, and many are willing to place a considerable stress upon the organism of Poynton and Paine as the causative agent. Whether it is the initial factor, or whether some other condition predisposes to the invasion of the diplococcus rheumaticus, we cannot here argue; but it is more than probable that the lesions as we find them in diverse parts of the body are the result of the action of these diplococci.

In the late stages of the disease process we not infrequently observe the association of heart, kidney, and arterial lesions making up a picture very different from that of acute rheumatic fever.