

THE PROGNOSIS AND TREATMENT OF DISEASES OF THE HEART

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649524136

The Prognosis and Treatment of Diseases of the Heart by R. O. Moon

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BY

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LONGMANS, GREEN, AND CO.

39 PATERNOSTER ROW, LONDON

NEW YORK, BOMBAY, AND CALCUTTA

1912

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τί θέ καρδίας άλλο καιρότερον ἐκ ζήτην ἢ ἐκ θάνατον ;

ARETAEUS.

Si donc on joignait à la précision moderne quelque chose de la prévoyance antique, c'est-à-dire si on s'accoutumait à combiner, avec le diagnostique particulier du siège ou de l'espèce de la maladie, le diagnostique général auquel Hippocrate donnait le nom de prognose ; on utiliserait, au profit de la médecine contemporaine, des idées et des études qui ont beaucoup servi, et qui peuvent servir encore ; de telle sorte que je vois, dans l'étude du Pronostic d'Hippocrate, un double avantage : le praticien peut y apprendre à assurer sa pratique ; et le pathologiste, à développer certains côtés de la science qui sont restés dans l'ombre.

LITTÉRÉ.

PREFACE

IN the course of the ages the heart, like other organs of the body, has been viewed in a great variety of ways. In ancient times it seems to have been regarded as a sort of heel of Achilles, in that it was held to be immune to all ordinary diseases. It was not unnatural that the inability to detect cardiac abnormalities should lead to the belief that the heart itself could not become diseased. Even the great discovery of Harvey was not followed by any immediate increase in the knowledge of cardiac pathology. True, indeed, Raymond Vieussens of Montpellier (1641-1716) was able to recognise disease of the heart as the cause of affections termed asthma and hydrothorax, to notice the characteristic pulse of aortic insufficiency and to describe mitral stenosis and the consequent stagnation of the blood in the vessels of the lungs, while Morgagni (1681-1771) was able to distinguish between hypertrophy and dilatation of the heart, and to know that disease of the right side of the heart gives rise to stasis in the

lungs and pulmonary hæmorrhages, yet it was not till the invention of the stethoscope and increased practice of percussion that cardiac diseases began to be seriously studied by clinical physicians. The recognition of murmurs and valvular lesions caused an importance to be attached to them out of all proportion to their intrinsic value ; doubtless some observers early in the nineteenth century did direct attention to the importance of the condition of the cardiac muscle, but the differentiation and study of the physics of murmurs proved a more exciting study and perhaps rightly so, since we did not then possess the instrumental means of estimating the strength of the heart's muscle that we had for estimating the significance of murmurs. The study of cardiac arrhythmia, which was begun by Dr. Mackenzie and Professor Wenckebach and carried on most brilliantly by Dr. Lewis and many others, opens up a new field of cardiac research, and it may be that the advent of the string galvanometer will be as fruitful for purposes of prognosis as the stethoscope has been for diagnosis. These possibilities, however, lie in the womb of time, and in the present state of our knowledge it would be unwise to lay too much stress on electrocardiographic curves for purposes of prognosis till more work has been done on the subject. There are fashions in medicine as in everything else, and there is now a tendency to

attach less importance to cardiac lesions than our immediate predecessors were in the habit of doing, for it has been realised that hearts, though damaged in various ways, are still capable of excellent service, and that cardiac disease is no necessary bar to a good deal of useful activity. Heart disease, though for the laity it may still spell sudden death, for the profession has long ceased of necessity to mean anything of the kind, and while a "weak heart" is still a source of much unnecessary invalidism, this is probably more often due to fussy friends and relations than the outcome of the specific advice given by the medical attendant. In putting together this little book I need hardly say how much I am indebted to the writings of such well known authorities as Professors Osler and Clifford Allbutt and Dr. James Mackenzie in this country, to Babcock in America, to Krehl, Jürgensen and V. Leyden in Germany and particularly to Huchard in France.

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