

**HAND BOOK ON THE  
DISEASES OF THE HEART  
AND THEIR HOMEOPATHIC  
TREATMENT**

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Hand Book on the Diseases of the Heart and Their Homeopathic Treatment by Thomas C. Duncan

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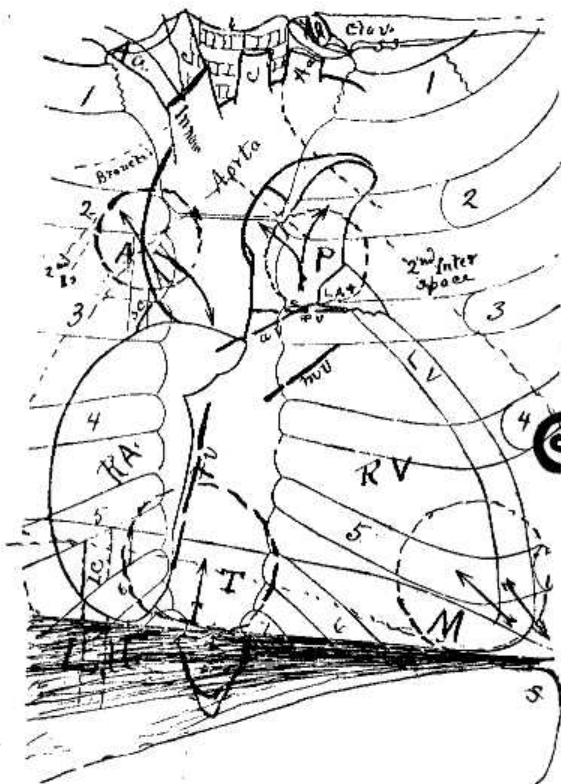
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A DIAGRAM OF THE HEART.

(After Ewart.)

1. Relative position of the heart, especially to the liver. The dotted line is the posterior border of liver behind heart. Only a small portion of the left ventricle L. V. is shown behind the right ventricle R. V.

The dashes marked t. v., m. v., a. v., and p. v., locate approximately the valve regions. The circle "M" site of loudness of mitral (first) sound. "T" site of tricuspid (first) sound. "A" location of aortic or (second) sound. "P" site of loudness of pulmonary (second) sound.

The arrows are explained in the text—see p. 15.

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# DISEASES OF THE HEART.

## A CLINICAL OUTLINE.

Diseases of the heart are most serious, often the most insidious and least understood of all the disorders that the practitioner may encounter. Hence the great necessity for clear and concise instruction upon this branch (and it is believed for an *elementary work*, plain and practical).

Those who would master diseases of this vital organ must make careful reviews of its peculiar anatomy (and dissect many hearts), comprehend its histology, understand the workings of its mechanism and the effect of various disorders of remote organs upon the heart as well as the etiological factors of occupations, habits, foods and drugs especially as revealed by toxicology and the provings found in our *materia medica*—as taught today in all thorough medical colleges.

The effects of stimulants, including whisky, beer, wine, tobacco, tea, coffee, etc., and all drugs as well as various waters and localities upon the heart should be familiar to the cardiologist. The principal diseases of the heart should be easily diagnosed by every physician. The salient points in physical diagnosis should be emphasized by constant drill. Life insurance societies find difficulty today in obtaining reliable examiners. The family physician should know about all the hearts in his field of labor. He would, if he could read the pulse aright.

Many people will not submit to a physical examination of the chest for fear serious disease of the heart will be discovered.



To capture the confidence of these people, especially ladies, demands both tact and the evidence of much general knowledge of the relations of the heart to other organs of the body. Here "a little knowledge is a dangerous thing" all around. People know that sudden death is often caused by disease of the heart and they infer that those who may have disease of this vital organ are liable to die suddenly, therefore the result of the examination should not leave them in doubt—"to live in fear and trembling all their days." [See "Diseases of heart causing sudden death," p. 54.] The physician can explain that there are many slight diseases of the heart as well as serious ones—functional as well as structural. He should explain that fear shocks the heart, stops it for a moment, during that time the blood leaves the brain and faintness is felt. We lay the person down so that the blood can get back more easily to the brain. Water dashed into the face shocks the nerves and starts the heart to more vigorous action. All should know that excitement and overwork are the chief causes of serious diseases of this organ; also that rheumatism is an accidental cause that all may be liable to. Digestive disorders may give rise to cardiac disturbances and *vice versa*. Functional disturbances when long lasting may bring about structural change. Physiology (Carpenter) tells us that "*concentrated* attention will disturb and derange any organ," so that great tact is often necessary in the diagnosis and subsequent management of cases with disease of the heart. Diverting the attention (as practiced by Christian Scientists so-called) may benefit some cases, while in others the strong will of the patient may be necessary to assist the work of a feeble heart and so prolong life.

*The anatomical relations* of the heart should receive the first diagnostic attention. Is the chest capacious? or is there constriction of the bony environment and organs? The heart occupies much lung space in the left chest, you know, and its function can be impeded or accelerated by the condition of the

lungs. A new motion of the heart has been discovered which is that of "lateral expansion," that takes place during expiration. When respiration is retarded as in asthma, emphysema, etc., the heart labors with difficulty. The heart lies upon the diaphragm and when the action of this septum is impeded, in any way, the function of the heart will also be disturbed. The left lobe of the liver it will be seen extends well under the heart, even to the left nipple line and when enlarged, or elevated by the organs below, must crowd the heart. [In one case of tumor involving the liver that came under the notice of the author, the heart was crowded up to the fourth interspace and well to the left. The person was young.] The cardiac end of the stomach extends up behind and to the left of the heart and when distended with gas from tardy digestion, especially in cases of hypertrophy and dilatation the heart may be so crowded as to interfere with its function. Palpitation and arrhythmia are often due to indigestion. The pancreas beneath and the spleen to the left when enlarged especially, may, in cases of stomach indigestion, crowd upon the heart and thus interfere with its function. In many a case of a weak and failing heart indigestion is the first persistent and alarming complication. In spare people the visceral organs may be dislocated and brachycardia or tachycardia be the result, aggravated by a droop of the shoulders. In fleshy subjects the colon, instead of crossing the body just above the navel, as in the spare subject, will be distended and pushed high up. When severely distended with gas may crowd up and impede cardiac action. The chief cause of short breath in fleshy people, you know, is due to the disturbed abdominal viscera crowding upon the thoracic. Superficial respiration tends to increase the venosity of the system and weakens the heart. This condition is aggravated if there is also a stoop of the shoulders, perhaps due to hard work or injury to the back. In cases of hypertrophy of the heart especially of long standing in young, growing people,

there may be an elevation of the left shoulder and a droop to the right with a slight rotation of the thorax forward and outward. This often explains the "precordial bulging." The object of this change of shape is to give the heart more room.

*Malformations* of the heart are not as frequently met with as are those of other organs of the body. In examining every case we locate the apex beat as the next step in diagnosis. Sometimes the viscera are reversed, as in one instance that came before us. An x-ray picture brought out the cardiac and liver outlines, proving conclusively that the organs were reversed. Cases of infantile heart, with the right ventricle the best developed, are sometimes met in practice. There are usually other evidences of lack of development. The systemic circulation is deficient and cold hands and feet and anæmic headaches should direct the attention to the probable cause. Proper nourishing food and exercise can do much if the subject is young, to reinforce the heart and circulatory system. The foramen-ovale may be patulous giving rise to cyanosis. In infancy we will have a "blue baby." Plumping the new born baby down on its right side assists materially in closing this fetal inter-auricular opening. The right side position should be maintained for some time after birth. [This the author always advises; also on account of the large liver filling one-third of the abdominal cavity.] This position also helps to develop the left ventricle. The physician should carefully watch the development of this vital organ during the growing period.

The *attachments* and position of the heart are peculiar, and should next engage our attention. It is located as high up in the thorax as possible, so as to enable the aorta to arch properly. In fact, the base is well to the right, so that the aorta can describe a graceful curve and pass backward, downward, and to the left of the vertebral column, to which it is firmly anchored. The heart is supported by the aorta and other vessels at its