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PART I.
ORIGINAL COMMUNICATIONS.

ART. I.—*Metastasis of Rheumatism to the Heart.* By ROBERT LAW, M.D., &c. &c.

MARY REILLY, ætat. 19, unmarried, had been confined to bed for a week, with violent pains and swellings of her legs and feet, which came on in consequence of her leaving off warm clothing. Admitted into hospital September 24. Complains much of pains in her knees and feet; her left leg is swollen and tense, and exhibits very much the appearance of phlegmasia dolens; the ordinary febrile symptoms of acute rheumatism are present.

V. S. ad 3^{xii}.

25th. Pains slightly relieved.

V. S. ad 3^x.

R Aquæ Acetat. Ammon. 3ii.

Aquæ 3iii.

Liquor Tartari Emetici 3ii.

Tr. Colchici 3i.

Spiritus Ætheris Nitrosi 3ss.

℞ St. 3i. tertiis horis.

2 Dr. Law on *Metastasis of Rheumatism to the Heart.*

26th. Blood much buffed ; pains and swellings have left the extremities ; complains of a most acute pain under the left breast, and inability to lie on that side ; the hand placed on the region of the heart causes most severe pain ; countenance bespeaks great agitation and anxiety ; pulse 140, full and soft ; respiration hurried ; it was now evident that the heart had become affected.

V. S. ad $\frac{3}{4}$ xii.

Emplastrum Vesicatorium regioni Cordis ; pediluvium cum seminibus sinapis.

R Decocti Hordei $\frac{3}{4}$ vi.

Tartari Emetici gr. iv.

℥ St. $\frac{3}{4}$ i. tertiis horis.

27th. Blood very much buffed ; medicine produced vomiting once ; complains of being more fatigued than refreshed by her sleep ; pulse 140, strong, full, and soft ; skin clammy ; great distress of countenance.

R Aquæ Acetat. Ammon. $\frac{3}{4}$ ii.

Aquæ $\frac{3}{4}$ iii.

Liquor Tartari Emetici $\frac{3}{4}$ ii.

Tinctur. Colchici $\frac{3}{4}$ i.

Tinctur. Digitalis gutts. xxx.

Syrupi $\frac{3}{4}$ s.

℥ St. $\frac{3}{4}$ s. tertiis horis.

Repetr. Pediluvium.

28th. Pain quite gone ; heart's action very violent ; bowels confined.

Infus. Rosæ $\frac{3}{4}$ vi.

Acidi Sulphurici dilut. 3ss.

Sulphat. Magnes. $\frac{3}{4}$ vi.

Tinctur. Digitalis 3ss. ℥.

29th. Pulse 140, full, soft, and regular.

R Calomel gr. vi.

Tartar Emetici gr. i.

Opii gr. ii.

Ft. Pilulæ quatuor, sumat unam, tertiis horis.

30th. Sense of suffocation very urgent: respiration extremely hurried, 60 in a minute; heart's action very violent and diffused; on examining the chest posteriorly with the stethoscope, respiration was not to be heard in the inferior half of the left lung; I, in consequence, suspected that this lung was affected with pneumonia.

V. S. ad 3x.

R̄ Decocti Hordei 3vi.

Tartari Emetici gr. iii.

m Ft. 3i. tertiis horis.

Oct. 1st. Pulse reduced in strength and frequency; breathing very much oppressed; heart's pulsations very violent and diffused; gets no refreshing sleep; is obliged to lie with her head and shoulders very much raised; examination by the stethoscope confirmed the absence of respiration in the inferior half of the left lung posteriorly, and percussion yielded a dull sound there. It now occurred to me, that as these phenomena had not been preceded by the râle crepitant, (the invariable forerunner of hepatization of the lung,) they might depend upon the pressure of fluid contained in the pericardium, gravitating towards this part of the chest, when the patient assumed the sitting posture; to ascertain the fact, I made her lie on her face, and examining her in this position, I found the lung to be perfectly free, and pervious to air to its very base, and, consequently, concluded the entire pathological condition to consist in an extensive effusion into the pericardium.

R̄ Calomel gr. iv.

Pulv. Scillæ.

— Digitalis āā gr. ii.

Ft. Pilulæ quatuor st. unam tertiis horis.

R̄ Infusi Juniperi 3v.

Spirit Juniperi 3vi.

Acetat. Kali 3i.

Tinctur. Digitalis 3ss.

Spirit. Ætheris Nitros 3ii.

m St. 3i. tertiis horis.

4 Dr. Law on *Metastasis of Rheumatism to the Heart.*

Oct. 2nd. Breathing less oppressed ; last night was seized with giddiness and fainting ; gets no refreshing sleep ; face swollen ; examination of the heart's action by the stethoscope conveys the sensation of being distant from the surface. For several days there was no appreciable alteration in the symptoms ; her principal complaint was want of sleep.

9th. Complains of a stinging pain under the left breast, not increased by a full inspiration ; lies constantly on the right side, cannot lie on the left on account of the pain, nor on her back, from the immediate sense of suffocation which ensues ; pulse 140, soft and regular.

Vesicatorium regioni cordis. Repetr. medicamenta diuretica, ha-beat haustum anodynum horâ somni.

10th. Slept well, but had vertigo and faintings in the evening ; legs much swelled ; countenance much less anxious ; urine considerably increased. From this period her condition improved, though the heart's action continued very violent, she did not feel much inconvenience from it ; complains much of cold feet ; has excessive thirst, and very little appetite.

Oct. 26th. Respiration not much hurried ; pulsation of the heart less diffused, and more distinct ; she can now lie on the left side without the slightest pain ; pulse 120 ; swelling of the legs much diminished ; strength increased.

℞ Elaterii gr. ii.

Bitartratis Potassæ ʒi.

Tartratis Ferri ʒi.

Therica. q. s.

Fiat Electuarium sumat cochlear minimum 4tis horis.

This medicine produced a violent action on the bowels, and weakened her more than I had anticipated ; however, she soon recovered its effects ; the distress in breathing was considerably relieved, indeed she only felt it when she lay upon her back ; she suffers no inconvenience from the action of the heart, which is both violent and diffused ; her appetite is much improved ; her

sleep refreshing, and not disturbed by disagreeable dreams ; she has quite lost her anxious expression of countenance ; her legs, though swelled, are not painful. In a few days she was so much better, as to be able to leave the hospital. I saw her a month after, when the dropsical swellings had entirely subsided ; she only complained of excessive night perspirations, which weakened her very much ; these quickly yielded to sponging with vinegar and water ; pulse still 100 ; heart's action more diffused than natural ; she can lie in every position, though not very long upon her back.

The preceding case presents us with many points of interest, exhibiting very unequivocally acute pericarditis, terminating in effusion into the pericardium. The symptoms of this disease are in general so disguised by the complications to which it is subject, that to ascertain its existence is justly regarded as one of the most difficult points of medical diagnosis ; in this case the pain under the left breast not much aggravated by a deep inspiration, and coming on under circumstances more favourable to the development of pericarditis, sufficiently distinguished it from pleuritis ; but the absence of respiration in the situation of the base of the left lung posteriorly, I own, embarrassed me not a little, naturally leading me to suspect the not unfrequent complication of pneumonia, the symptoms of which, though they are in general unequivocal enough, are sometimes so obscure as to have obtained for this disease the designation of latent pneumonia. Not altogether satisfied with my diagnosis, the expedient of examining the patient lying on her face suggested itself to me, as a mode to ascertain whether the absence of respiration was permanent and due to an actual change in the lung itself, rendering it impervious to the air ; or was the consequence of displacement of the lung, which might result either from fluid effused into the cavity of the pleura, or into the pericardium ; the return of respiration on the change of position disproved the existence of pneumonia, and left us to decide between effusion into the pleura and pericardium, which

the absence of the symptoms that usually announce pleuritis, and of egophony, the stethoscopic evidence of effusion into the chest, added to the positive symptoms of the affection of the heart soon determined. Having thus ascertained the precise pathological condition of our patient to consist in hydrops pericardii, we had recourse to the employment of diuretic medicines which made a speedy impression upon the disease; and, finally, effected a complete cure.

I had constant opportunities of seeing this person for a year after she had been in hospital, and the only trace of her complaint that she retained, was an habitually quick pulse, which was generally 100. I have often observed this quickness of pulse to survive all the other symptoms of disease, and sometimes to become permanent, especially if from the nature of the disease there be any impediment to the circulation, whether near or remote from the heart, and though this impediment be temporary, for during its continuance the heart is stimulated to increased action, which being kept up for any considerable time, ultimately produces hypertrophy of the organ, and a proportionally augmented power of propelling the blood; but under ordinary circumstances there is a physiological relation between the power of the heart and the capacity of the aorta, and though the elasticity of the artery will admit of its accommodating itself to a temporary increased action of the heart; still this elasticity having its limits, will not be sufficient to meet the permanently increased action dependant upon hypertrophy of the organ; from this interrupted relation we shall have the same phenomena as result from a congenital disproportion between the heart and aorta, which Laennec observed to be a fertile source of hypertrophy of the heart, and consequent derangement of the circulation.