

bygone attack—bygone, but leaving its work done on the damaged structure of the heart.

In one-half of my cases the heart was, as I have just said, inflamed; but, in addition to those, three-fifths of the patients in whom endocarditis was not established presented unquestionable threatening of that disease; so that only a fifth of the whole number stand apart as being absolutely free from inflammation.

But it is not for me in this place to bring the striking phases of this disease before you, who are so practically familiar with them at the bedside. I will, therefore, at once say what was the result obtained in this series of cases, treated in the manner I have described to you. I have just mentioned those cases, amounting to twenty-two, in which there was a threatening of endocarditis. In all but four of these the first sound was prolonged usually at the apex, being, in some of them, murmur-like, or indeed an actual murmur. In twelve of these cases this sign was accompanied by pain over the region of the heart, disturbed breathing, flushed face, anxious countenance, or general illness. The prolongation of the first sound, when present, was generally audible on the first day, and it disappeared in most cases on the seventh or eighth day.

In the four other cases there was pain over the heart, and its sounds were either absent, or unduly loud, or accompanied by pulmonic murmur. In one only were the sounds of the heart absolutely healthy.

Why, then, under these circumstances, do I say that these patients were only threatened with endocarditis, and not actually attacked by it? It is because the suffering and the signs over the heart soon passed away, and the organ was left untouched by disease.

If we turn now to the cases of endocarditis, we shall find that fourteen of the patients, or exactly one-half, left the hospital well and free from cardiac valve-murmur. In one or two of them there was a murmur over the pulmonary artery, limited exactly to that spot, the second left space. But I need not tell you that this points out no valve disease, but merely too much action, too little blood, and too thin a blood in the right ventricle; and then, as the red corpuscles and the volume of blood increase, the sound vanishes.

The murmur as it disappeared generally passed into a prolonged first sound. In eleven of the fourteen cases of endocarditis in which the patients left the hospital free from valve-murmur, in three of those cases the prolonged sound preceded the murmur.

These cases show that prolonged first sound is closely allied to a valve-murmur, not merely by the character of its sound, but also by its actual relation to inflammation of the interior of the heart, whether established, as in the fourteen cases just referred to, or only threatened, as in the twenty-two previously alluded to.

Of the remaining cases, we held that seven came in with valve-murmur of some standing from previous disease. This inference was drawn from the loudness, situation, and quality of the murmur, the increased size and force of the ventricle, usually the right one, and the history of previous attacks, accompanied by symptoms over the heart, and followed by palpitation or shortness of breath on exertion. These seven cases came in with valve-murmur, and went out with it.

The only one of the seven cases that is open to question as to its nature, is that of Mary H. (445, p. 8); but, at the time, we made up our minds that she also had old mitral disease, after considering the many previous attacks, the history, and the murmur changing with the changing force of the heart; for inflammation is told in these cases by this very variation.

Of the remaining seven cases, four presented, after recovery from the attack of acute rheumatism, faint murmurs or prolonged first sound at the apex, very different from the noises heard during the acme of the disease. These four sustained, I hope, no permanent danger to the valves. The remaining three left the hospital with mitral murmur at the apex; and in them mitral disease was probably established. I say probably, for I have, and many of you must have, in view patients who have left the hospital with a murmur which has disappeared after a time, when they have returned as out-patients.

Pericarditis.—Perhaps one of the most striking peculiarities in the returns of these cases of acute rheumatism, is

the very small number of the patients who have been affected with pericarditis. These amount to only six. I find that, if I had drawn the line so as to include two more cases, one of those patients came in with pericarditis. From the date on which that patient left the hospital, June 25th, 1869, to this, I can only find one additional case of pericarditis.

The abstract of the six cases is contained in the tables with which you have been furnished. It is, therefore, only needful for me to give a sketch of these cases. They were all males. Three of them were young men, from eighteen to twenty-one; and three of them ranged from twenty-eight to thirty-four years of age. The two more recent cases were also men aged twenty-two and twenty-nine respectively, the last patient being affected with gout.

It will be seen on examining the tables that a large proportion of my cases, amounting to thirty-two out of seventy-four, were at and below the age of twenty, and of these only three were affected with this disease. Besides these, two of the cases of endocarditis—John A— (435, p. 7), aged twenty, and Mary L—, thirty-two (457, p. 2)—were affected with transient friction sound audible only one day, so that these cannot rightly be included among the cases of pericarditis.

Patients affected with acute rheumatism and acute gout are usually weakened and blanched in a remarkable manner, owing to the lessening of the whole volume of the blood and the diminution of its red particles. I gave, therefore, sooner or later, a proportion of them iron and quinine—preferring, as a rule, the old tried forms of the tincture of the muriate of iron and the sulphate of quinine. To a few patients, who were wanting in colour and strength, I employed the iron at once. I find that I gave it in the later stages of the disease to about four-fifths of those affected or threatened with inflammation of the valves, and to less than half of those in whom that organ did not suffer.

I am almost afraid to express the inference that I am about to draw, for I know that suddenly—to-morrow—I might begin to have a string of patients affected with pericarditis, and with endocarditis, producing serious and permanent mischief to the valves; but still I do feel, after pondering over it much and often, and weighing in the scale every theory I could think of, that my inference is supported by the small number of these cases of acute rheumatism that presented pericarditis, and the happy results in those who were threatened and affected with endocarditis, so large a number of whom left the hospital with valves faultless, so far as we could detect. But the inference is, that we do owe, to a marked extent, the small proportion of cases of pericarditis, especially in the young patients, and the happy result of those threatened and affected with endocarditis, to the care which is taken to keep the inflamed joints at rest, to shield them from external pressure, and to give them ease.

LOCAL DEPLETION IN RETROVERSION OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—I have allowed Dr. Alfred Meadows to “steal a march on me” by the publication of his case in last week’s LANCET on the cure of “Retroversion of the Uterus by Local Depletion alone.” The views he has expressed, and the treatment he has adopted in this particular case, have been those entertained by me, and successfully practised for more than fifteen years, both in my public and private practice; and I regret that I did not, long ere this, make my views known to the profession. I am glad, however, that so sound and practical a physician—accoucheur as my friend Dr. Meadows has arrived, *independently*, at the conclusion I had so long ago come to as to the true character and treatment of certain uterine displacements; and I will, if you will permit me, corroborate, in an early issue of THE LANCET, the views of Dr. Meadows, by the brief report from my note-book of cases similar to the one so graphically related by him.

I remain, Sir, your obedient servant,

Brighton, August 9th, 1870.

ALFRED HALL.