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PART I.

ORIGINAL COMMUNICATIONS.

ART. XV.—*The Story of a Heart.*^a By JAMES LITTLE, M.D. (Edin. and Dubl.), LL.D., F.R.C.P.I.; Regius Professor of Physic in the University of Dublin; Hon. Physician in Ordinary to H. M. the King in Ireland.

IN September, 1879, a barrister, then thirty-three years old, and married, consulted me. He was a large but not a fat man; there was a shade of waxiness in his colour, and he was a total abstainer. He told me that during the summer, feeling fatigued, he had gone to Greystones, but failing to experience renewed vigour he became nervous and wanting in pluck, and not up to his usual power of work. He went to Paris. Returning by Brussels, he took a tepid swimming bath, and felt, as he expressed it, "quite pumped out in his heart." He noticed also that after his ordinary morning bath his hands felt big and thick. On his way through London he presented himself for insurance at an office which had no agencies, and only accepted lives examined in London. He was declined, and this led him, on his return to Dublin, to consult me. He was a man who always ate fat sparingly. The note I then made about his heart was:—Pulse 100, markedly

^a A Paper read before the Dublin Biological Club on October 26, 1915.

irregular ; impulse of heart-slapping, and sounds tumbling. He did not sleep well.

I advised him to take things quietly, and I gave him twenty grains of bromide of sodium and twenty of bromide of ammonium at bedtime.

On October 17th he came again, he had been working steadily, he was sleeping soundly, and, though conscious of a certain fluttering about his heart, he could walk uphill comfortably. His pulse had fallen to 90; the apex beat was somewhat to the left and diffused, and in my case-book I described what I heard as "a succession of slapping sounds followed by an apparent tumble of the heart." I give the words which I used to describe his heart at the time, and I think the case is deserving of a somewhat further narrative, because thirty-six years passed from the day he came to me with such alarming signs and symptoms and his death, and then, with his own previously expressed permission, I had the opportunity of examining the heart to which I had so often listened, for he did not die until February in the present year.

During the years 1879 and 1880 I saw the patient a few times. He took pretty regularly digitalis fifteen minims thrice daily with some preparation of iron. This appeared to have a distinct influence in steadying the action of the heart, the sounds of which became more regular, both sounds being audible and not the mere single slapping sounds which existed when I first saw him. Worry and fuss made him uncomfortable, he felt uneasy before he had to speak in court, but felt quite comfortable when he had begun.

During 1881 I appear to have seen him seldom. He had very good health, but could not bear being hurried, and had more difficulty than formerly in mastering his work, and his appetite failed. He generally took either his digitalis and iron mixture or one containing digitalis and nux vomica. In 1882 he was very overworked, and when at the assizes in Belfast he consulted the late Dr. Cuming, who advised him to take a little wine, claret or Burgundy

This made him feel better, but he noticed that if he exceeded a very small allowance it made him uncomfortable. The character of the heart sounds remained unchanged.

He had in March of that year excessive fatigue both of mind and body, and went for a month to the Continent. On his return his appetite was bad and his spirits depressed, and he was wanting in courage. I urged him to continue the claret and not to avoid walking exercise, but to take what he could without causing breathlessness.

During 1885 he had much work, and his sleep became very bad. The heart sounds were very irregular, and many beats could be felt at the wrist with difficulty.

I think during the next two years he must have gone on fairly, for I have no note of his case in 1886 or 1887, but in January, 1888, he was easily fatigued, and fretted, but could run upstairs. He was more troubled with sleeplessness, for which I gave him monobromide of camphor.

The heart signs were disquieting, the pulse was 72, but it was difficult to count owing to the feebleness of many beats. The ear heard a succession of single sounds, then a few double ones, and now and then the listener was conscious of a feeble blow against the chest wall, and the patient complained of a feeling which he had experienced long before, a dull thick feeling in the fingers of the right hand.

About this time he became very ill, he was confined to his house for several weeks. The sounds of the heart were much as I have already described. The late Doctor Gordon, whom I asked to see him, as I had previously learned how correct he generally was in interpreting cardiac phenomena, remarked: "If you could see that heart it is just like a piece of wet brown paper." His chief distress was obstinate sleeplessness and depression.

Seeing what were the physical signs I at first regarded his heart as the source of all his troubles, but calling to see him one day I found him sitting in his garden, and he

suggested going to his bedroom that I might more conveniently examine him, and to my amazement mounted the stairs, which were rather steep, to the third floor more quickly than I felt disposed to do, producing on my mind the conviction that, although his heart was gravely diseased, there must be something independent of the heart to account for his sleeplessness and depression. At this time sulphonal was the drug which gave him most satisfactory sleep.

About 1890 he went to live at Dalkey, where he was regularly attended by my friend Dr. Wright, but I saw him from time to time, when he had some kind of attack, and here, if I remember right, he had for the first time attacks of cough, and sometimes there was a little blood in his sputum, and the old trouble of the sleeplessness continued, and here for the first time I found what appeared to be a mitral regurgitant murmur.

Soon after this he was offered a Recordership. He accepted it and gave up the large practice to which, in spite of his heart, he had attained.

He was always able to go to the North of Ireland to his Sessions, but he had three or four times rather severe illnesses and had to seek medical advice. On one occasion it was a thrombus in one of the veins in his leg, and the doctor who came to see him told his wife never to let him leave Dublin again, as with his heart he could not live any length of time. On another occasion he got a little cold, and spat a good deal of blood. A doctor who was called in gave him digitalis very freely, and he got over the chest attack more rapidly than he had usually done. Seeing the benefit, his wife asked the doctor what dose of digitalis he had given, but he said that would give no information, as he made the tincture by rule of thumb himself and ascertained the dose by watching its effect.

After a few years at Dalkey he came to the conclusion that in the spring the air was too keen, and he moved back to Dublin.

After this I saw him whenever he required advice, and when I was absent Dr. Peacocke looked after him.

His great trouble was sleeplessness. He had got such a dislike to sulphonal and trional that he would not take them. The means we used for securing sleep were the hypodermic injection of morphine, beginning with a sixth of a grain of sulphate of morphine and one two-hundredth of a grain of sulphate of atropine, a combination which, in my experience, is the best for heart cases. This, a little increased at times, worked well, though nepenthe by the mouth was useless. When alone it failed—which it sometimes did, paraldehyde was given, half a drachm for a dose, every hour until he fell asleep, but he often took four doses.

Medinal during the last year or two of his life was very useful, and this is the more extraordinary, as veronal, the composition of which is so similar, disagreed entirely.

We usually gave the medinal one night and the hypodermic the next, and followed both, if necessary, by paraldehyde. Sometimes, when drugs had failed, a cup of freshly made tea with bread and butter in the early morning put him off to sleep. When once sleep had been secured it lasted well into the following day. Massage at night was also at times distinctly beneficial.

The administration of bromide of potassium at 4 and 7 o'clock, followed by the medinal, suited well for a time. The medinal sometimes suited much better than the hypodermic. A variation of the hypodermic containing one-twentieth of a grain of nitrate of pilocarpine with one-sixth of sulphate of morphine for a time suited, and likewise two drachms of the syrup of pilocarpine and bromide of potassium sometimes sent him off to sleep.

I have several times, when the subject of the use of strychnine in cardiac failure came on for discussion here, mentioned my conviction that it had not the value which some believed it possessed, and certainly on the only occasion in which I ventured to use it for this patient, about seven years before his death, the effect was not at

all satisfactory, and I am disposed to think the use of strychnine is to be avoided no matter how weak the heart is if it is acting irregularly. Strychnine by the mouth is a different thing. Many years ago I gave this gentleman an *effervescing* mixture, each dose of which contained five minims of liquor strychnine, and it was a mixture which he constantly took of his own accord if he felt low and down.

Another anomalous symptom about this patient was that although his Sessions, especially if the sittings were long, always fatigued him and gave him a bad night, his wife, who watched him with untiring devotion and the keenest intelligence, observed that he had a particularly bad night on Sunday after an idle day.

At this time the physical signs in his heart were these—the sounds had the slapping and irregular character which had all along characterised them, and the point of impulse was two inches to the left of the nipple line, and there was a loud systolic apex murmur.

When he went to his sessions he found that he did well for a fortnight, but after that he needed to smoke or to have champagne, or to take a dose of effervescing caffenin to enable him to get on, so he resolved to resign his Recordership, which he had held, in spite of his bad health, with great satisfaction to the solicitors practising in his court for twenty years.

After this his health was fair. He went out most days, but found if the weather was at all cold he could not get on. He was unable from weakness, not from shortness of breathing, to walk fast enough to keep himself warm, and if he got chilled he had one of his attacks of congestion of the lung. He could not content himself with nothing to do. He was a great reader, but he had read nearly all the great English classics twice over, and did not care for light reading.

On five or six occasions every year I saw him for two or three days. In the beginning of February last he had breakfasted in bed, and was for him very well, having had

a good night and eaten a hearty breakfast, and was reading the paper when he suddenly seemed about to be sick, became ashy pale, and was dead.

Finding that some time before he had left a message that I was at liberty to examine his heart, I got Dr. Scott to make an autopsy about thirty-six hours after death. He has kindly thus described the appearances :—

The heart, when first exposed at the *post-mortem* examination, was seen to be very large. On removal it was very soft and, as the blood was quite fluid, the sides collapsed, and in this condition the left ventricle measured about six inches by five inches. It weighed almost exactly three pounds. The cavities were very much dilated, and the walls somewhat thickened, although not in proportion to the size of the cavity.

The right auriculo-ventricular valve was quite normal, but the opening admitted four fingers with ease. The left auriculo-ventricular valve was healthy, but slightly thickened and opaque, the orifice admitting three fingers. In no case was there any sign of endocarditis or roughness on the valves.

The aortic valves were normal. The aorta was unusually healthy looking on its inside aspect, but the whole vessel was much dilated. The auricles were normal, but dilated. The muscular tissue of the ventricles was paler than normal, and friable; a firm bend was sufficient to tear the muscle, and slight pressure was sufficient to force the thumb into the tissue.

Some slight streaks were apparent on the papillary muscles. Portions of papillary muscles from both right and left ventricles and the wall of the left ventricle were removed and examined subsequently. In all three cases muscle fibres were found in a condition of fatty degeneration.

During this gentleman's illness, with the exception of the occasional attacks of congestion of the lung with hæmoptysis, and on a few occasions some enlargement of the liver, there was an entire absence of the usual secondary effects of heart disease. I often examined his urine, and only once did I find a trace of albumen, and, except slight puffing of the leg in which the venous clot

had existed, and this only on a few occasions, there was no sign of dropsy.

If he had been a patient in an hospital in which the men were placed in wards according to the system at fault, should he have been sent to the ward set apart for diseases of the circulatory system or to that for diseases of the nervous system? Was the condition of the heart brought about originally by functional disturbance? For there was an entire absence of all the conditions to which we are accustomed to attribute dilatation and hypertrophy of the heart.

ART. XVI.—*A Note on Four Surgical Cases.*^a By W. I. DE COURCY WHEELER, F.R.C.S.I. ; Surgeon to Mercer's Hospital, Dublin.

FOUR cases illustrating widely different fields of surgery have recently come under my notice, and appear to me, notwithstanding the fact that no general surgical principles are involved, to be worthy of record.

BILIARY OBSTRUCTION.

I had the opportunity of seeing about two months ago a doctor, aged sixty-five, on whom I had operated, in July, 1910, for biliary obstruction. The case was quite unusual, if not unique. His history prior to the date of operation was typical of stone in the common bile duct. In September, 1909, having had repeated attacks of biliary colic, he was operated upon in a Dublin hospital, and the biliary tract, so far as I could ascertain, was thoroughly searched, with a negative result. When this patient consulted me nearly a year later he had a large ventral hernia and was still suffering from intermittent attacks of violent colic, followed by jaundice. With the assistance of the late Sir John Lentaigue, I opened the abdomen and commenced a systematic search of the biliary tract. The

^a Read before the Section of Surgery in the Royal Academy of Medicine in Ireland on Friday, November 5, 1915.