

Medical Matters.

THE ATHLETE'S HEART.



IN an American journal a valuable article was recently published on the dangers of indiscriminate indulgence in excessive muscular exertion. These are illustrated by charts giving a graphic representation of the cardiac condition before and after the effort. The author concludes that many cases of heart disease in middle life are due to over-athleticism in youth, especially to violent exertion undertaken, as is too often the case, by those who are in no real sense "trained." Dilatation of heart cavities, dyspnoea, and, as a remote effect, hypertrophy, are the results which accrue in these cases, and it is to the giving way of this hypertrophy in later life that the breakdown at this age is due. The author points out that these disastrous results can only be avoided by a proper medical supervision of the "untrained" athlete, by a discouragement of prolonged and severe muscular effort under these circumstances, and by a gradual, not sudden, cessation of such strains when they have already become habitual. The perusal of this paper should cause increased attention to be devoted to this important subject, for there can be no doubt that incalculable harm is often done to growing boys and youths by allowing them to take part in athletics, which are really far beyond their physical powers, and regardless of the fact that they may be the victims of some valvular or other heart disease.

GUAIACOL CARBONATE AND CREOSOTAL.

German physicians have recently pointed out the value of these remedies in pulmonary phthisis and that they are excreted by the urine in combination with sulphur. Since the origin of this sulphur is probably the decomposition of albumen, it is important that whilst these remedies are being employed, a dietary sufficiently rich in albumens should be given. Creosote is excreted by the lungs whilst creosotal is being taken. The good effects of these remedies is shown in the increased appetite, the gain in weight, diminution of cough and expectoration, and disappearance of fever and night sweats. In early cases, the physical signs may entirely disappear in two or three months; in more advanced cases, this will require six months or longer. In acute pneumonia and broncho-pneumonia, the action of creosotal is

also shown to be most satisfactory. Some years ago, in commenting on this method of treatment, it was pointed out in these columns that the great drawback to the employment of Creosote consisted of its often disturbing effect upon the digestion. Better methods of preparation and the use of creosotal instead of crude creosote has obviated this difficulty, at any rate, to a large extent.

ENLARGEMENT OF THE CHEST IN EMPHYSEMA.

The cause of the over-expansion of the chest in Emphysema is generally held to be due to the action of the inspiratory muscles, which are able to exert their force in elevation of the ribs unchecked by the elasticity of the lungs. In the normal condition of the lungs, this elasticity exerts a contracting force, in overcoming which much of the power of the inspiratory muscles is expended. In Emphysema, the elasticity of the lungs is diminished or lost. In expiration with healthy lungs, the ribs are drawn in beyond their position of rest by the elastic recoil of these organs, whilst in emphysema the ribs cannot be thus drawn in and the thorax is less diminished in size. With this loss of elasticity of the lungs there is dyspnoea, which causes increased inspiratory action. Treatment, which, to be satisfactory, should begin early, aims at preserving the elasticity of the lungs, and checking the tendency to over-action of the inspiratory muscles. Both these may be attained by avoidance of all causes of dyspnoea. A course of expiratory exercises is also beneficial.

THE OPEN-AIR TREATMENT.

THE discussion on this subject, which lately occupied three meetings of the Royal Medical and Chirurgical Society, showed a wonderful consensus of opinion on the advantages of the hygienic treatment of consumption. Although the plentiful provision of pure air forms so essential a feature of the treatment, other hygienic requirements must be attended to, and the carefully regulated life in a sanatorium adds to the probabilities of success in treatment. The routine in these institutions and the supervision of a competent Medical Director, tend to educate the patients to order their lives in the manner best suited to guard them from the effects of the disease. Although hygienic treatment is possible at home, under proper medical supervision, it is in sanatoria that it attains its fullest efficiency.

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