

Medical Matters.

GENERAL PRINCIPLES IN THE TREATMENT OF DISEASES OF THE HEART.

Sir James Barr, M.D., LL.D., F.R.C.P., F.R.S.E., Senior Physician to the Liverpool Royal Infirmary, delivered an interesting address on the above subject, which is reported in full in the *British Medical Journal*, at a meeting of the Huddersfield Division of the Yorkshire Branch of the British Medical Association. He said, in part:—

Of all the acute diseases which give rise to heart disease rheumatism holds the first place, and shall therefore receive our primary attention. The young, and especially those with any hereditary tendency to rheumatism, should be warmly clothed; they should have daily ablutions, either temperate or cold, according to the susceptibilities of the individual; they should have an abundance of fresh air night and day; they should avoid all overcrowded rooms; there should be sufficient exercise in the open air; there should be at least one free evacuation of the bowels daily; all febrile disturbances, especially sore throats, should receive prompt attention; the condition of the digestive tract and the nature of the in-pat require consideration. The family attendant should frequently inculcate the general principles of hygiene, otherwise he will not have much opportunity of preventing rheumatism, as perhaps the majority of parents are so callous, careless, ignorant, or unobservant that large numbers of cases of rheumatism are passed over as "growing pains" until perhaps some serious heart lesion is developed. Preventive work is often very thankless and unremunerative, and those who attempt it are frequently described as faddy, meddling alarmists, trying to prevent diseases which might never occur, but you will always have the moral reward of having done your duty.

A wise man leaves as little to chance as he can help. He may undertake any dangerous occupation; but if working in a powder magazine it would be prudent to see that there is no naked light about. So parents who have transmitted a rheumatic tendency to their offspring should feel in duty bound to prevent any explosion. It would, as a rule, be more profitable for parents to pay their medical attendants for looking after the health of their families rather than for treating their diseases. This does not mean coddling, as a healthy child may undertake any game commensurate with its physical capacity, and, for the moral and physical evolution of a child, the more risky the game the better for the child's character. There should be due recognition of the risks, and all possible precautions taken

to prevent accidents; but accidents will occur, and, if due precautions have been taken, even rheumatism might be treated as an accident. If you have failed to prevent the accidental occurrence of rheumatism, then you should be prepared to treat it energetically, so as to prevent the subsequent occurrence of heart mischief. Treatment should as far as possible be dietetic and hygienic, because you cannot keep any patient for long periods constantly under the influence of drugs, and the action of drugs can be materially assisted by suitable diet.

In rheumatic fever there is a marked increase in the formation of sarcolactic acid, and all the excretions are very acid; I therefore think it advisable to omit all foods, such as starch and milk, which give rise to the formation of lactic acid in the digestive tract. There is also a great tendency to the formation of fibrin; hence, everything containing lime, such as milk, and all preparations of milk, cheese, gelatine, and animal jellies should be strictly interdicted. Lime also raises the blood pressure, and so increases the strain on the valves. I know that I am here running counter to the general advice of the profession, as with most medical men milk is their sheet anchor in their diet for this disease, but I condemned it in 1886, and I have consistently done so ever since. . . . One of the most recent evolutions in the treatment of pericarditis is to wait till there are some recent adhesions and then start with injections of fibrolysin, without any very convincing proof that it is able to resolve even recent scar tissue. Personally I prefer to prevent the adhesions by cutting the lime salts out of the diet, and making free use of decalcifying agents. Milk should not only be interdicted in acute rheumatism, but also in the subsequent treatment of the heart lesions.

An excellent diet for rheumatic fever consists of plenty of hot water, mincemeat and poached egg, pounded chicken, steamed sole, and other nitrogenous articles of diet. If any carbohydrate be required, well-boiled porridge may be given; the silicates in the oatmeal have a decalcifying effect. I am also very fond of syrup of glucose (free from arsenic), which is very palatable when administered with infusion of orange. This, unlike cane and milk sugar, does not readily undergo lactic acid fermentation. Oranges and lemons may be freely used. When the rheumatic attack is over, the diet may be more varied; there may be allowed a fair amount of farinaceous food, and plenty of fruit and vegetables, but milk should still be eliminated. There are two classes of rheumatic patients in whom you will find heart disease—the fat, flabby, lethargic, and somewhat phlegmatic indivi-

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