

AN ACCOUNT

OF A

***PECULIAR DISEASE OF THE HEART.***

BY DAVID DUNDAS, ESQ.

SERJEANT SURGEON TO HIS MAJESTY.

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*Read Nov. 26, 1808.*

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**T**HERE is a disease of the heart, which I apprehend is not very uncommon, no less than nine cases of it having, in the course of thirty-six years, fallen under my care. I have also heard of several other cases, and yet I do not believe any account of it is to be found in any medical author.

The patient complains of great anxiety and oppression at the præcordia; has generally a short cough, and a difficulty of breathing, which is so much increased by motion or by any exertion, as to occasion an apprehension that a very little additional

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motion would extinguish life. There is also frequently an acute pain in the region of the heart, but not always.

The difficulty of breathing is also aggravated by taking even a small quantity of food.

He prefers lying on the back, complains of great palpitation of the heart, and violent pulsation of the carotid arteries, attended with noise in the ears and giddiness of the head.

In some cases I have found the action of the heart so very strong as to be distinctly heard, and to agitate the bed the patient is in so violently, that the pulse of the patient could be counted by looking at the motion of the curtains of the bed.

The pulse is always very quick, and is often irregular: in some cases it has been weak, but more commonly very hard.

Towards the conclusion of the disease symptoms of water in the chest take place, the legs become œdematous, and frequently a considerable collection of water is accumulated in the abdomen.

In all the cases which I have seen, this disease has succeeded one or more attacks of rheumatic

fever. In one case the affection of the heart appeared at the commencement of the rheumatic fever, and its action was so rapid, that the pulse could not be counted for many days; much difficulty of breathing and oppression attended with a sense of great debility took place, and the inflammation, pain, and swelling of the extremities, after having shifted from one joint to another for many weeks, subsided; but the affection of the heart continued, generally attended with great pain, producing in the progress of the disease, and towards its close, a considerable disposition to dropsy, under which the patient lingered for ten months.

All those I have seen afflicted with this disease were young persons; only two were above twenty-two years of age. Six of them were males, and three females.

Most of them struggled with the disease for many months. Seven of the nine have died. One I am attending at present, and I think cannot recover; and one is apparently well, having survived the attack four years. He has had no rheumatic affection for two years and a half, but the action of the heart is still very violent and easily increased by exercise. His recovery is attributed to a very strict adherence for a long time to a vegetable and milk diet, and great attention to avoid any considerable exertion.

Of the seven cases which proved fatal, six have been opened, and all of them agree in the general appearance of the heart. In all the heart was uniformly found to be enlarged, in some, the enlargement was much more considerable than in others. In one case water was found in the pericardium, in all the others the pericardium adhered to the heart. The left ventricle, in all the cases, was most enlarged in size, but not in thickness, and in most of them the heart was found of an unusually pale colour, and very soft and tender in its texture.

In one case, the examination of which was made by Mr. Chilver, in the presence of Sir Walter Farquhar, Dr. Baillie, Dr. Saunders, Dr. Gillan, and myself, Dr. Baillie thus describes the appearance of the heart. "The pericardium was found closely adhering in every part to the surface of the heart. The heart itself had increased wonderfully in size; it was at least three times the size of a healthy heart. The muscular structure was, however, not increased in thickness beyond what it commonly is, so that its powers of action were not augmented proportionably to its bulk. As the quantity of blood in this heart was much larger than is natural, (for instead of a few ounces it contained almost a quart of blood) its powers of propelling this blood to the different parts of the body must have been much diminished below the common standard."

Mr. Thomas, of Leicester-square, gives the following account of the examination of the body of a young gentleman (who died of this disease,) at which I was prevented from being present. "The heart was somewhat larger than common, and the enlargement was confined principally to the left side. It was of a pale colour, extremely soft and tender in its texture, and its cavities were filled with coagulated blood, having but a slight cohesion of its component parts. Nothing remarkable presented itself in the right auricle and ventricle; but upon opening the the left ventricle was found an irregular excrescence of the nature of polypus, attached to, and nearly occupying the whole of one of the valvulæ mitrales."

I have an account of a case so far back as the year 1770, in which all the appearances correspond almost exactly with those in the case described by Dr. Baillie. The heart is mentioned to have been three times its usual size; the pericardium adhered to the left ventricle, which was inflamed, and was thinner than the right. Where the pericardium did not adhere, a small quantity of water was found in it.

I examined lately, the body of a young lady who died of this disease, in presence of Mr. Nixon and Mr. Jones, surgeons, at Hampton, and found the heart of an unusual size, and the pericardium adhering closely in every part to it. The substance of the heart was of a pale colour, and the texture of it was

so tender, that the finger could with great ease be pushed through it. It was chiefly enlarged on the left side, but its muscular structure was not increased in thickness. The valvulæ mitrales were edged with a substance of a spongy appearance, perhaps coagulable lymph.

I have an account of an incipient attack of this disease, judiciously and successfully treated by Dr. Pemberton. His account of the case is so very distinct, and in many respects corresponds so exactly with the disease I have described, that I will take the liberty to give it in the Doctor's own words.

“ Mr. — had been in his youth, and indeed even to the time he was taken ill, (aged 36) subject to the acute rheumatism. He had been particularly troubled with this complaint during the whole of the winter immediately preceding the affection of the heart, which took place in March. He was seized with a considerable pain at the heart, and a difficulty of respiration, great palpitation and great anxiety. He conceived that the smallest motion of the body would have instantly destroyed him, and this dread seemed to have totally bereft him of the power of utterance. He sat for six or eight hours without being able to articulate a sound, though he was conscious of what was going on about him. He had frequent rigors, and almost constant profuse sweats. Cordials of various sorts were given him, till he appeared

in a slight degree more composed, when a small quantity of blood was taken from the arm. This did not appear buffy. In about three days he ventured to move from the chair where he had remained from the first attack, but upon the slightest exertion the palpitation and anxiety were renewed. When he remained perfectly at rest the palpitation was hardly observable.

“In about a fortnight all his apprehensions of death seemed removed; but still on the most trifling exertion he was reminded of his former sufferings, so that for a month he scarcely moved at all.

“By placing the hand upon the heart, there appeared a very great throbbing, which beat up the carotids so much as to occasion a most unpleasant noise in the head.

“On considering the circumstances of this case, I was inclined to suspect that a small portion of the surface of the heart had been affected with inflammation, and that in consequence, a partial adhesion had taken place between it and the pericardium. The plan recommended, was a seton in the region of the heart, and a pill composed of three grains of the succus spissatus cicutæ, and half a grain of the powder of digitalis, three times a day, abstinence from all fermented liquors, and a moderate quantity of animal food.

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“ The irregular action of the heart continued at intervals for eight months, when it gradually lessened, so that in about a year there remained no symptoms of the former complaint, and Mr. — is now (at the distance of four years) equal to undergo any exertion or fatigue without producing any irregularity of the heart's action.”

The knowledge that this disease is always the consequence of, or is connected with, rheumatic affection, points out the necessity of attending to the translation of rheumatism to the chest; and shews the importance of employing very vigorous measures to remove it as soon as possible; but whenever it has made any considerable progress, I fear it will baffle every effort.

20th *November*, 1806.

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Since writing the above I have been favoured by Dr. Marcet with an account of two cases of translation of rheumatism from the extremities to the chest, producing several of the symptoms I have noticed; but not in so marked a degree as in the cases I have seen. Both these patients died, and were opened, and in both of them the heart was found to be much enlarged. I also last year attended a person aged 29, who had twice had the acute



rheumatism; but having been wet through last September, was seized with shiverings, succeeded by a pain across the chest, great difficulty of breathing, which was increased by the slightest motion, a very strong palpitation of the heart, and violent action of the carotid arteries, accompanied with a sense of great debility, and an apprehension she was just going to expire.

She had been in this state for a fortnight, before I saw her. She had not been able to go to bed for many nights; her legs and thighs were much swollen, and her pulse, which was very weak, was so quick, that it could not be counted. She had no cough. She submitted to have a blister applied to the region of the heart, but would not allow an issue to be made. By the use of the digitalis her pulse became less frequent; but as it disordered her head and stomach she was obliged to relinquish it. The action of the heart now was tremendous; she daily became weaker, although her appetite continued good to the last, and she died at the end of two months.

She was opened in the presence of Mr. Taylor, of Kingston. The lungs on the left side had very little space to act in, the heart, which was enlarged to a most extraordinary size, occupying the greater part of the left side of the thorax. The lungs were found, on both sides, to have strong adhesions to the pleura; and above a pint of water was found in the cavity of the thorax. A considerable quantity of

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**water was contained in the abdomen. All the abdominal viscera were sound, except the spleen, which was of a much paler colour and softer texture than usual.**