# Alexander Leslie Blackwood
# Diseases of the Heart

## Reading excerpt

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of Alexander Leslie Blackwood
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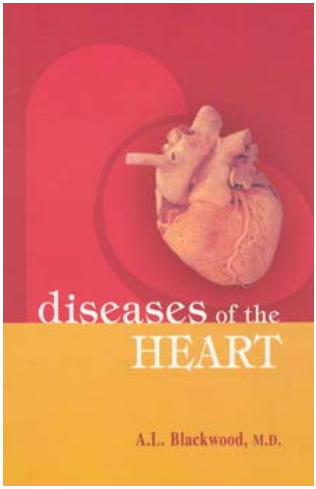


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CHAPTER I.

# THE HEART

**Its relation to the Chest Walls and Surrounding; Organs.**

The heart occupies a central oblique position in the thoracic cavity, its base being upward, backward and to the right; while its apex is downward, forward and to the left. From an anterior view the right auricle and ventricle are all that can be seen, with the exception of a small portion of the left ventricle to the left.

The right auricle is behind the sternum, extending from a point one inch to the right of the right border of the sternum to the left border, and from a level with the third costal cartilage it extends downward to a point on a level with the seventh right costal cartilage.

The right ventricle is pyramidal in shape, its lower boundary resting upon the central tendon of the diaphragm; at the apex of this pyramid is the pulmonary artery, at its left border is a furrow where it unites with the left ventricle, while on the right side there is a furrow where it unites with the right auricle.

The left ventricle forms the left border of the heart as seen anteriorly, extending from the third left intercostal space down to the fifth intercostal space, where it terminates in the apex.

The appendix of the left ventricle lies directly behind the third left costal cartilage, close to its junction with the third rib.

## CHAPTER XXVII.

### NICOTINE POISONING.

This is the result either of working with or the use of tobacco; whereby the heart's action is functionally deranged. In mild cases, irregularity is noticed, with palpitation on exertion, the patient being aware of the heart beats. The long continued over-excitement leading to disturbance in its rhythm and to cardiac hypertrophy. The pulse rate may be normal, but usually it is irregular. Anginal attacks are present in many of the well marked cases, while in others, there is precordial oppression. The patient complains of dizziness, with weakness and failing health; tremor of the hands and loss of strength. The appetite is poor; there is nausea and vomiting, with melancholy and depressed spirits.

*Physical Examination:*—While it may reveal no definite cardiac lesion, there is usually a deficiency in some of the heart sounds; reduplications are often observed and the rythm is irregular. Murmurs are rare, but when present are functional and due to an altered tension of the heart muscle; a change in the force of the cardiac impact against the chest wall and anemia. They disappear with improvement of the general health.

The greater part of the effects of tobacco, that interests physicians, is its action on the heart, nerves and throat. The results are functional, lessening the heart's power to stand work. Neurasthenia is a frequent result of prolonged smoking.

*Treatment:*—The use of all tobacco must be

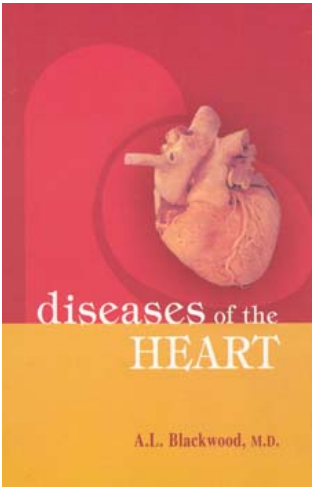
## CHAPTER XXX.

## THE SENILE HEART.

*Definition:*—This is a term applied to certain changes that result in a premature senility of the heart when it is compared with the other organs of the body.

*Etiology:*— Of the many causes of the senile heart none are more potent than the great mental strain incident to modern business life. Senile vascular changes and peripheral resistance, all result in extra strain upon the myocardium and aid in its early degeneration. The condition just mentioned may be dependent upon structural changes in the arteries and capillaries or an increased amount of blood. Acute diseases at times, have such a profound influence upon the heart that it does not regain its vitality; not only acute, but chronic diseases as well, start a train of influences that render the heart indirectly incompetent. Loss of blood or fluids from the body and sexual excess, all act upon the heart in an injurious manner. An excess of food, stimulants and narcotics, as well as over-exertion and violent emotions, all tend to a premature senility of the heart.

*Pathology:*—This is as varied as the etiology, but whether it is the myocardium or the arteries that present the greater structural changes, the primary lesion is nearly always in the inhibitory nerves. And while fatty degeneration, pigmentation and aneurysm may be found, none of them are constant, but there is a weakened condition of

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