



Victorian Heart Disease



By Irma West, MD

ONE CONSEQUENCE OF the Sacramento Sierra Valley Medical Society's web page, which includes the Museum of Medical History, is receiving requests for historical data. One inquiry came from an author of a Victorian novel, wanting to authenticate the medical treatment of a character with heart disease.

After examining the Museum's 19th century medical textbooks, I reported my findings. The author was sufficiently pleased to place my report on a web site dealing with Victorian history.

I found a remarkable difference between the types of heart disease prevalent in the 19th century and today. Most pages in old texts were devoted to inflammatory heart disease, and its effect on the pericardium, endocardium, heart valves, heart size and failure. "Articular rheumatism" (I read it as rheumatic fever) was most often associated. Tuberculosis, syphilis, and other infectious diseases were mentioned less often.

Coronary artery disease was not on the medical radar. Not until an 1892 text was it mentioned; one small paragraph in 64 pages on "Diseases of the Organs of Circulation" describing atheroma and occlusion in the coronary arteries as a post mortem finding. It was attributed to aging, or to gout, syphilis, or alcoholism. Today, coronary artery disease is dominant.

The medical texts described an interesting category called "Neurosis of the Heart." Included were palpitations, tachycardia, irregular heart rate and angina. They were considered important only when associated with serious forms of heart disease. Congenital heart disease and trauma were discussed but considered fatal.

General measures emphasized avoiding physical and mental exertion as well as alcohol, tobacco and gluttony. There was a strong belief that strenuous exercise caused cardiac enlargement. Treatment was symptomatic. For example, to relieve pain there were subcutaneous injections of morphine, oral nitroglycerin, and amyl nitrate inhalants. For heart failure there were digitalis powder, blood letting and leeches applied over the heart, as well as oral stimulants such as caffeine and camphor. For shortness of breath there were mustard plasters to the chest, the sitting position, and surgical removal of fluid from the thorax. For fever there were salicylic acid, quinine, and ice packs. For anemia there were iron meds and improved nutrition. For weakness there were numerous tonics which could include arsenic, mercury and strychnine.

In retrospect, I should not have been surprised by a major shift in prevalence of two major types of heart disease. The average life span in 1849 was 38 years compared to 78 years now, a huge increase in the population subject to coronary heart disease.

As late as 1940, rheumatic heart disease was the leading cause of death among 10-15 year olds. Entire hospitals were built to accommodate children with this disease. During the next two decades, rheumatic fever plummeted, most likely due to use of penicillin against streptococci, the basic cause of the disease. We traded a heart disease of the young for one

of older adults.

I wonder what the reader of current medical texts will find 150 years from now?

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