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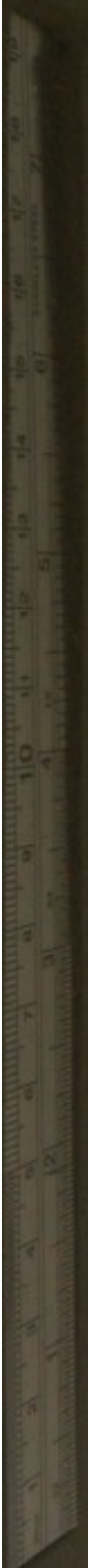
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By G.  
FELLOW OF THE ROYAL  
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Patient rheumatic  
Family rheumatic  
No rheumatism  
History doubtful

Under the term  
acute and sub-acute  
infection is not to be

# NOTE ON THE INFLUENCE OF RHEUMATISM AS A FACTOR IN THE PRODUCTION OF VALVULAR DISEASE.

BY GEORGE A. GIBSON, M.D., D.Sc.,

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LECTURER ON MEDICAL ANATOMY AND PHYSICAL DIAGNOSIS IN THE  
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In order to satisfy myself with regard to the relative frequency of a rheumatic origin of valvular lesions, I have carefully examined my records of cardiac cases for the last three years. The total number of cases recorded is 134, and the larger proportion of these were observed at the Birmingham General Hospital.

I have arranged them in four classes:—1, cases in which the patient had personally suffered from rheumatism; 2, those in which there was a family history of rheumatism; 3, those with entire absence of any rheumatic history; and 4, those whose history was doubtful. The cases are also tabulated according to the valve affected—whether mitral or aortic, or involving both valves.

	Mitral.	Aortic.	Both Valves.	Totals.
Patient rheumatic	40	8	3	51
Family rheumatic	7	0	0	7
No rheumatism	26	8	0	34
History doubtful	30	6	6	42
	—	—	—	—
	103	22	9	134

Under the term rheumatism I have included both acute and sub-acute forms of the disease; for my present intention is not to discover the inter-relationship of these,

*Rheumatism as a Factor in Valvular Disease.*

but their relationship numerically to other factors in the production of organic disease of the valves.

Eliminating the 42 cases in which no history was obtained, there remain 92 patients. If we add those cases in which the patient was rheumatic to these in which there was a family history of rheumatism we get 58 as the total, against 34 non-rheumatic cases. Of the total number of patients therefore with a distinct history, 63.05 per cent. were rheumatic, and 36.95 per cent. were entirely free from that disease.

All cases of mitral regurgitation due to relative incompetence of the valves have been carefully kept out of the above table, and only cases of undoubtedly organic disease have been retained. Of these cases 47 were rheumatic, and 26 non-rheumatic. Aortic disease was dependent upon rheumatism in 8 cases, and 8 patients had no rheumatic history. All the cases with disease of both valves were rheumatic.

These facts are interesting. From careful observation it has been clear to me that mitral disease arises frequently with entire independence, not only of rheumatism, but of every other acute or sub-acute form of disease. A large proportion of the sufferers from mitral disease is always to be found among anæmic women, and that malady must be regarded either as a cause or as a first step in the evolution of the cardiac affection.

Aortic disease appears to be as frequently found apart from rheumatism as in association with it. Probably most of the non-rheumatic cases are due to long continued strain on the valves. Finally, disease of both mitral and aortic valves appears to be almost invariably of rheumatic origin.



