CASE REPORTS

CARDIAC FAILURE DUE TO INFECTIOUS INJURY*

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The heart muscle is affected both by circulating toxins and by direct actions of the organisms in diseases of streptococcal origin and also in scarlet fever. Therefore very often toxic and inflammatory injuries are associated. Another factor should also be taken into consideration e.g., the action of the toxin on the vagus and respiratory centres in the medulla. There are some cases which show signs of sudden heart failure in the course of scarlet fever and diseases of streptococcal origin and then get quite well after appropriate treatment. It is very likely that the action of toxin on the vagus and respiratory centres is mainly responsible for sudden cardiac failure in these cases. It is an every day experience of a physician to see greatly dilated hearts due to pneumonia, typhoid, dysentery and of course rheumatic diseases, the last being the most important factor in children; but I dare say that it is rather unusual to see a child quite hale and hearty in the morning and then to see him cyanosed, extremely dyspnoeic, greatly distressed with the apex-beat in the left mid-axillary line at about 7 P.M. in the evening of the same day.

REPORT OF A CASE

Rathindranath De, aged 4 years was admitted in the children’s ward, Campbell Medical School Hospital on 5.8.35 for acute tonsilitis and slight rise of temperature (99°F). The child had been treated in the Out-patients’ Department of the hospital for 3 days previous to admission for pain in the throat and moderate rise of temperature (100°F).

Examination: On admission, the child was found to be ill-nourished, with a rather disproportionately big head on thin body. Tonsils were inflamed and congested, heart was normal in size and position, heart-sounds were normal, lungs were clear all over, liver was not enlarged, spleen was not palpable, temperature was 99°F, pulse was 100 and respiration was 22 per minute. The child was peevish, cranky, looked ill and did not like to be examined or touched. There was a history of a mild attack of bronchitis in infancy. Nothing particular was found in the family history.

*From the Childrens’ Ward, Campbell Hospital, Calcutta.
Submitted for publication, June 13, 1936.
Fig. 1. R. D., 4 yrs. Admitted 5.8.35, Discharged 29.8.35. Showing course of illness.