DESPITE the widespread adoption of adrenocortical hormone therapy for many inflammatory diseases, there remains a significant difference of opinion concerning the treatment of acute rheumatic fever. This difference of opinion derives largely from the difficulty of conducting large-scale prospective studies. Even when such studies are carried out, their validity is limited to the conditions of the particular study including such variables as case selection, drug choice, dosage schedule, and criteria for follow-up. The three large-scale controlled studies that have appeared in the literature have all been conducted under different conditions. Differences in results may stem from these variations. The U.K. and U.S. Cooperative Study employed dosages and periods of time considerably less than used in most centers at present. The results obtained cannot be strictly compared to those of Dorfman et al., who used larger doses for longer periods of time. The decrease in incidence of residual heart disease as measured by murmurs present at 1 year, observed by these investigators, was not observed in another controlled study when somewhat comparable doses of drugs were used on what was apparently a group of patients with somewhat more serious heart disease. This discrepancy has not been completely resolved, so that there is as yet no uniform agreement regarding treatment of all patients with acute rheumatic fever. It is clearly apparent that hormone therapy does not uniformly arrest acute rheumatic fever, although there is little doubt as to its suppressive action.

Somewhat separate from this general problem is the question of treatment of patients with the most severe forms of rheumatic carditis including pericarditis and congestive failure. Since a reasonably high mortality was previously known to occur in such patients, control prospective studies have not been conducted on a sufficiently large group of such patients to permit statistical comparison of the results of different therapies. Czoniczer et al. attempted to determine the effects of hormone therapy on such patients by a retrospective study. Attempts are made to assess the effects of variables, such as temporal factors and other concomitant therapy, particularly penicillin. The authors point out the limitations of their ability to control the effect of these factors in such retrospective study. The result of their analysis, however, strongly suggests that hormone therapy resulted in a marked reduction in mortality from acute rheumatic pancarditis. In view of the decreasing incidence of severe pancarditis and the nature of the available reports, it is highly unlikely that a controlled prospective study on the effects of hormones on severe pancarditis will be undertaken. There seems, therefore, little choice but to accept the available results as indication for the use of appropriate hormone therapy for the treatment of severe rheumatic carditis. It is the impression

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of the writer that this conclusion has been already widely accepted even in those centers that withhold hormone therapy in less severe forms of rheumatic carditis.

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References


Cardiology and the Science of Medicine

Empiricism today wears the disguise of science. The physician who suffers from this disease does not recognize it, just as the celebrated personage spoke in prose without knowing that he did so.

All of the dangers facing medicine today are the bitter fruit of what constitutes our pride: the scientific and technical progress of our age. What is to be done to correct these evils, to overcome these risks? Is there any possible remedy? ... 

For my own part I limit myself to venture, with justifiable timidity, the notion that the remedy lies in the strengthening of the scientific training of all doctors, and particularly that of the specialists such as cardiologists; in defending them against what is purely technical, empiric, and pragmatic; in impeding of continual fragmentation of our field of studies into a hundred subspecialties if each is to strive after an impossible autonomy; in ensuring that a special capacity acquired in a limited area does not imply ignorance of what is fundamental in surrounding sectors; that is, to sum up, I believe that the remedy lies in the fullest and most complete integration of cardiology into the body of medical science. Not to do so soon, not to begin today, will mean that within a few years we shall have raised, out of our own progress, a new Tower of Babel in which we physicians shall be the victims of the confusion of tongues and in which the suffering man shall find himself alone amidst this new form of wisdom. —Dr. IGNACIO CHAVEZ. Speech delivered at the Inaugural Ceremony of the IV World Congress of Cardiology. Universidad Nacional Autónoma de México, México, D.F., 1962, p. 7.
Editorial: Treatment of Acute Rheumatic Pancarditis
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