
The effect of chronic anemia on the development of interarterial coronary anastomoses has been studied in dogs. Collateral function was estimated by direct retrograde flow measurements from the peripheral circumflex artery. In addition, the physiologic adequacy of collateral function was measured by the electrocardiographic changes resulting from complete occlusion of the circumflex artery. Alterations in these indices that resulted from chronic anemia were established by comparisons with normal dogs.

Severe anemia of 4 weeks' duration results in a significant increase in the functional capacity of interarterial coronary anastomoses.

Spontaneous recovery from chronic anemia induces collateral regression to near normal function after 5 to 8 weeks.

The inadvisability of inducing anemia to expand collateral function in normal human beings is discussed.

Maxwell
addition al dieta de 5 pro cento de beta-sitosterol preveniva le aumentlo de hepatic cholesterol e lipidio colorabile que occurriden alteremente con un diata a 1 pro cento de cholesterol. Sitosterol etiam preveniva le aumentlo del total cholesterol seral e del total lipidio seral que occurre in rattos hypothryoide recipiente un diata a 1 pro cento de cholesterol.

Le reduction del nivellos seral e hepatic de cholesterol, resultante ab le obstruction per sitosterol in le absorption intestinal de cholesterol es augmentate per le reduce passage de cholesterol que es characteristic del stato hypothryoide.

REFERENCES
tente ducto arteriose, e anormal insertion del chordas tendineae e insufficientia mitral.

Omnie caso de defecto ventriculo-septal esseva classificate secunde le region del septo ventricular involvite in illo. Le per multo plus commun defecto esseva situate in le regiones de efflusso del septo ventricular.

REFERENCES


Medical Eponyms

By Robert W. Buck, M.D.

Austin Flint Murmur. Austin Flint (1812–1886), then Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, New York, first fully described this murmur in a paper "On Cardiac Murmurs" which appeared in the American Journal of the Medical Sciences 44 (new series): 29–54 (July), 1862.

"Now in cases of considerable aortic insufficiency, the left ventricle is rapidly filled with blood flowing back from the aorta as well as from the auricle, before the auricular contraction takes place. The distension of the ventricle is such that the mitral curtains are brought into coaptation, and when the auricular contraction takes place the mitral direct current passing between the curtains throws them into vibration and gives rise to the characteristic blubbering murmur. The physical condition is in effect analogous to contraction of the mitral orifice from an adhesion of the curtains at their sides, the latter condition, as clinical observation abundantly proves, giving rise to a mitral direct murmur of a similar character.

"A mitral direct murmur, then, may exist without mitral contraction and without any mitral lesions, provided there be aortic lesions involving considerable aortic regurgitation."

My truly valuable and respectable friend, Dr. Ash, informed me that Dr. Cawley, then principal of Brazen Nose College, Oxford, has been cured of a Hydrops Pectoris, by an empirical exhibition of the root of the Foxglove, after some of the first physicians of the age had declared they could do no more for him. I was now determined to pursue my former ideas more vigorously than before, but was too well aware of the uncertainty which must attend on the exhibition of the root of a biennial plant, and therefore continued to use the leaves. These I had found to vary much as to dose, at different seasons of the year; but I expected, if gathered always in one condition of the plant, viz, when it was in its flowering state, and carefully dried, that the dose might be ascertained as exactly as that of any other medicine; nor have I been disappointed in this expectation. The more I saw of the great powers of this plant, the more it seemed necessary to bring the doses of it to the greatest possible accuracy. I suspected that this degree of accuracy was not reconcilable with the use of a decoction, as it depended not only upon the care of those who had the preparation of it, but it was easy to conceive from the analogy of another plant of the same natural order, the tobacco, that its active properties might be impaired by long boiling. The decoction was therefore discarded, and the infusion substituted in its place. After this I began to use the leaves in powder, but I still very often prescribe the infusion.—William Withering. An Account of the Foxglove, and Some of Its Medical Uses. Birmingham, 1785.
que le responsas depressorial e pressorial es mediate per un mechanismo neural.

Le datos presentate pare indicar que disordines del mechanismo del reflexos depressorial e pressorial pote esser importante pro le etiologia de hypertension.

REFERENCES

1 Hill, L.: The influence of the force of gravity on the circulation of the blood. J. Physiol. 18: 15, 1895.


In 5 patients with hypertensive vascular disease, fluid retention occurred after the administration of crude or pure alkaloids of Rauwolfia serpentina. None of these patients had been in failure prior to the administration of rauwolfia and all cleared when treatment ceased. One of the patients who had developed marked edema while receiving reserpine was again given the drug for a week’s time. Definite pitting edema of the ankles was again apparent. It vanished once more when administration of reserpine was discontinued. In 2 patients fluid retention was severe enough to cause congestive failure. The occurrence of sodium retention during therapy with rauwolfia derivatives should be kept in mind whenever edema or congestive failure develops in patients who are taking such medications.

Kitchell
Fibroelastosis led to mural thrombi in the left ventricle and embolism into the right leg, the first clinical sign, 3 years before death. Now the minimal functional disturbance attributable to the congenital lesion in the right heart was aggravated by the rheumatic lesion. Cyanosis and dyspnea appeared, the venous pressure and the circulation time increased, and edema and ascites developed. The murmurs heard may have been caused by both right and left-sided valvular lesions. The operation 1½ years before death did not improve the condition but possibly increased the cardiac fibrosis, especially of the right ventricular wall, and caused pericardial adhesions. Both led to increased hepatic congestion and, as a comparison with the liver biopsy demonstrated, only now true cardiac cirrhosis developed with the characteristic hyaline perihepatitis and perisplenitis. Terminally, a subacute bacterial endocarditis developed in the mitral valve that was damaged by the preceding rheumatic valvulitis. It was reflected in the leukocytosis, fever, and splenomegaly, and was the ultimate cause of death.

**Final Pathologic Diagnoses**

Fibroelastosis with congenital tricuspid stenosis; hypoplasia of right ventricular inflow tract; myocardial fibrosis and mural thrombosis; rheumatic myocarditis; aortic and mitral valvulitis with mitral stenosis; chronic passive congestion of viscera; cardiac cirrhosis; and terminal subacute bacterial endocarditis.

**REFERENCES**


Thus history teaches us that any division of the science and the art of medicine is necessarily harmful to practice. The physician of today, better realizing the limitations of bacteriological and other technical aids, is experiencing the need of returning to the patient's bedside, from which medicine should never have separated itself.—ARTURO CASTIGLIONI, 1874.