22 Harken, D. E.: Personal communication.


The principal innovation of therapy discussed is Wallgren's successful use of beer as a diuretic in heart failure. The author states "I can think of many patients who will welcome this news."

McKusick
From this view of the different parts of the plant, it is sufficiently obvious why I still continue to prefer the leaves.

These should be gathered after the flowering stem has shot up, and about the time that the blossoms are coming forth.

The leaf-stalk and mid-rib of the leaves should be rejected, and the remaining part should be dried, either in the sun-shine, or on a tin pan or pewter dish before a fire.

If well dried, they readily rub down to a beautiful green powder, which weighs something less than one-fifth of the original weight of the leaves. Care must be taken that the leaves be not scorched in drying, and they should not be dried more than what is requisite to allow of their being readily reduced to powder.

I give to adults, from one to three grains of this powder twice a day. In the reduced state in which physicians generally find dropssial patients, four grains a day are sufficient. I sometimes give the powder alone; sometimes unite it with aromatics, and sometimes form it into pills with a sufficient quantity of soap or gum ammoniac.—William Withering. An Account of the Foxglove, and Some of its Medical Uses. Birmingham, 1785.
Table 1. Precordial Vibrations

<table>
<thead>
<tr>
<th>Phenomenon</th>
<th>Frequency range of vibrations (c.p.s.)</th>
<th>Physical method</th>
</tr>
</thead>
<tbody>
<tr>
<td>General movements of chest wall</td>
<td>0-5</td>
<td>Palpation</td>
</tr>
<tr>
<td>Diastolic sound (third and fourth heart sounds)</td>
<td>5-50</td>
<td>Palpation and auscultation</td>
</tr>
<tr>
<td>First and second heart sounds</td>
<td>10-100</td>
<td>Auscultation and palpation</td>
</tr>
<tr>
<td>Valvular snap, diastolic rumble at apex</td>
<td>10-150</td>
<td>Auscultation and palpation</td>
</tr>
<tr>
<td>Systolic murmurs, distolic basal murmurs</td>
<td>150-1000</td>
<td>Auscultation</td>
</tr>
</tbody>
</table>

H. Luisada² has tabulated the type and range of these vibrations and classified them according to the nature of the vibrations and as to whether they are best recognized by palpation or auscultation (table 1).

The palpable vibrations heretofore described are listed in the table as being in the range of 0 to 150 c.p.s. These vibrations consist of slow movements of the chest wall, heart sounds, and the diastolic rumble of mitral stenosis. If the diastolic rumble of mitral stenosis is eliminated, these palpable vibrations range from 0 to 100 c.p.s. Also, heart sounds at times may be detected by both auscultation and palpation. Finally, it is to be noted that systolic murmurs and diastolic basal murmurs have a frequency range beginning at 150 c.p.s. and ranging upward to 1000 c.p.s.

The pulse capsule attachment used to record cardiac thrills was found to have its greatest sensitivity at 80 c.p.s. The range of most cardiac thrills that were recorded was between 75 and 85 c.p.s. Vibrations of this frequency are palpable if they are of sufficient intensity and duration.

The ability to record a thrill permits the clinician to confirm and have a permanent record of this physical finding. The record indicates the timing of the thrill within the cardiac cycle as well as its absolute duration. With this technic, a new teaching aid is added to the armamentarium of the clinician.

Summary

A technic for the graphic registration of cardiac thrills and other low frequency vibrations of the chest wall has been described. Palpable cardiac thrills were noted to have a frequency range between 60 to 100 c.p.s., with the greatest number in the range of 75 to 85 c.p.s.

Summario in Interlingua

Es describite un technica pro le registrazione graphic de fremitos cardiac e de altere vibrationes a basse frequentias in le pariete thoracie. Esseva notate que palpabile fremitos cardiac ha un scala de frequentias de inter 60 e 100 cyclos per secunda. Le plus grande numero de illos occurre con frequentias de inter 75 e 85 cyclos per secunda.

References


Sit down before fact as a little child, be prepared to give up every preconceived notion, follow humbly wherever and to whatever abysses Nature leads, or you shall learn nothing. I have only begun to learn content and peace of mind since I have resolved at all risks to do this.—Huxley.
35 Cannon, P. R., Frazier, L. E., and Hughes, R. H.: Sodium as a toxic ion in potassium deficiency. Metabolism 2: 297, 1953.

Medical Eponyms

By Robert W. Buck, M.D.

“A polyclanudinal syndrome hitherto supposed to be of corticoadrenal origin characterized in its full-blown state by acute plethoric adiposity, by genital dystrophy, by osteoporosis, by vascular hypertension, and so on, has been found at autopsy in six out of eight instances to be associated with a pituitary adenoma which in the three most carefully studied cases has been definitely shown to be composed of basophilic elements, the lesion in one instance having been clinically predicted before its postmortalm verification. . . .
“While there is every reason to concede . . . that a disorder of somewhat similar aspect may occur in association with pineal, with gonadal, or with adrenal tumors, the fact, that the peculiar polyclanudinal syndrome, which pains have been taken herein conservatively to describe, may accompany a basophil adenoma in the absence of any apparent alteration in the adrenal cortex other than a possible secondary hyperplasia, will give pathologists reason in the future more carefully to scrutinize the anterior-pituitary for lesions of similar composition.”


As an animal Body consists not only of a wonderful texture of solid Parts, but also of a large proportion of Fluids, which are continually circulating and flowing, thro' an inimitable Embroidery of Blood-Vessels, and other inconceivably minute Canals: And as the healthy State of an Animal principally consists, in the maintaining of a due Equilibrium between those Solids and Fluids; it has, ever since the important Discovery of the Circulation of the Blood, been looked upon as a Matter well worth the enquiring into, to find the Force and Velocity with which these Fluids are impelled; as a likely means to give a considerable Insight into the animal Economy.—REVEREND STEPHEN HALEs, B.D., F.R.S. From the Introduction of: Statical Essays. Vol. II, London, 1733.
competente ante su vulneration e in stato incompetente post laceration chirurgic del folietto mitral. 

Trenta-un punctiones ventricular in 30 patientes ha essite ejecutate sin mortalitate. Vinti del patientes essava studiata in re le stato de competentia de lor valvulas mitral. In 10 patientes le cardioangiogrammas essava interpretate come reflectente competentia del valvula mitral; in le altere 10, illos pareva indicar varie grados de regurgitition.

Es sublineate le correlation inter le constatazione cardioangiographic e le subsequente constatazione anatomic al operation o al necropsia. Nos opina que iste methodo es promittente como adjuta in le determination del presentia o absentia de regurgitition mitral e del grado approximative que illo ha attingite.

REFERENCES

EVALUATION OF ANTIHYPERTENSIVE DRUGS

basic mechanisms, with all its attendant risks of ultimate intellectual sterilization of a potentially productive person. Very little of this cost is defrayed by those who receive the largest financial advantage. Perhaps this is as it should be. It may be that the psychologic boost of being "first" and of reading a paper each year on the merits of some new drug is reward enough. To our minds, this is not enough. Certainly there are many who would look with a jaundiced eye on a clinical trial that was wholly and effectively supported by the interested drug company. But the same critics would not hesitate to accept a report from the same investigator on an animal or chemical study, wholly subsidized and of potential commercial value. There must be some middle way between the present system, which inequitably distributes a large commercial cost on investigators, hospitals and patients, and an equitable method, which would not be open to the suspicion of commercial prejudice. The solution of this problem might well be a specific aspect of the function of the newly created Committee on the Investigation of Antihypertensive Agents, recently formed by the American Medical Association's Council on Pharmacy.

REFERENCES


Disease in man is never exactly the same as disease in an experimental animal, for in man the disease at once affects and is affected by what we call the emotional life. The physician who attempts to take care of a patient while he neglects this factor is as unscientific as the investigator who neglects to control all the conditions that may affect his experiment. The good physician knows his patients through and through, and his knowledge is bought dearly. Time, sympathy, and understanding must be lavishly dispensed, but the reward is to be found in that personal bond which forms the greatest satisfaction of the practice of medicine. One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.—Francis Weld Peabody. The Care of the Patient. Harvard University Press, 1927.
prognostic standpoint because the diagnosis of infarction has important economic and social ramifications. The first 2 cases represent instances of such mistaken diagnoses that could have been avoided on the initial examinations by careful evaluation of certain differential diagnostic points. It is possible that, in the future, serial estimations of the serum transaminase reaction may prove to be a distinct laboratory aid in the differentiation of these 2 conditions. The third case was presented to illustrate a new syndrome recently described by Dressler in which an apparently benign form of pleuropericarditis complicates myocardial infarction.

REFERENCES


The author discussed the subject of cardiac arrest and reported 3 illustrative cases, 1 being a successful resuscitation after 50 min. of asystole.

It was pointed out that cardiac arrest is a much more frequent occurrence than is generally realized. The data collected from the literature also indicate that the actual incidence of this condition is increasing. Most cardiac arrests are preventable if attention is paid to the preoperative preparation of the patient. During the operation, the most important prophylactic measure is anesthetic management, particularly the maintenance of adequate oxygenation.

Treatment resolves itself into the main purposes of early oxygenation of tissues, especially the brain, and production of blood flow by cardiac massage until normal heart beat is restored. As adjunct therapy, intracardiac epinephrine, barium chloride, and whole blood, in the presence of hemorrhage, are worthy of trial. For ventricular fibrillation, cardiac massage, procaine amide and electric shock to produce defibrillation, are indicated.

Abramson