Constrictive pericarditis is rarely if ever due to rheumatic carditis. The most frequent identifiable antecedent is tuberculous pericarditis. Most of our 66 patients developed constrictive pericarditis before the introduction of effective specific treatment for tuberculosis.

In the series of 18 patients studied by Andrews, Pickering, and Sellors in whom the diagnosis of tuberculous pericarditis was made and whom it was possible to follow for an extended period, 16 eventually developed evidences of constrictive pericarditis. These patients were observed before the introduction of streptomycin.

On the other hand, Myers and Hamburger treated 3 patients with streptomycin who were well, working, and had normal physical examinations, x-rays, and electrocardiograms at an average of 28 months after treatment. It is apparent, therefore, that prompt recognition of effective treatment may prevent the necessity for subsequent operation. It is equally clear that when tuberculous activity is discovered at the time of operation on the pericardium treatment should be instituted.

In summary, constrictive pericarditis can usually be recognized by relatively simple diagnostic procedures if it is thought of as a possibility. In a few instances an exploratory operation will be necessary to make an explicit diagnosis. When the diagnosis is correct, a substantial improvement is to be expected from operation plus perceptive management during the years after operation.

In patients with tuberculous pericarditis, the prevention of constrictive pericarditis is now a possibility.

C. Sidney Burwell

REFERENCES


If we begin with certainties, we shall end in doubts; but if we begin with doubts, and are patient in them, we shall end in certainties.—Bacon, 1561–1626.


Medical Eponyms

By Robert W. Buck, M.D.

Graham Steell Murmur. This was described by Graham Steell (born 1851) M.D., Assistant Physician to the Manchester Royal Infirmary, in the Medical Chronicle (Manchester) 9: 182–188 (December) 1888, under the title “The Murmur of High-Pressure in the Pulmonary Artery.”

“I wish to plead for the admission among the recognised auscultatory signs of disease of a murmur due to pulmonary regurgitation, such regurgitation occurring independently of disease or deformity of the valves, and as the result of long-continued excess of blood pressure in the pulmonary artery.

“In cases of mitral obstruction there is occasionally heard over the pulmonary area (the sternal extremity of the third left costal cartilage), and below this region, for the distance of an inch or two along the left border of the sternum, and rarely over the lowest part of the bone itself, a soft blowing diastolic murmur immediately following, or, more exactly, running off from the accentuated second sound, while the usual indications of aortic regurgitation afforded by the pulse, etc., are absent. The maximum intensity of the murmur may be regarded as situated at the sternal end of the third and fourth intercostal spaces. When the second sound is reduplicated, the murmur proceeds from its latter part. That such a murmur as I have described does exist, there can, I think, be no doubt.”

A study was undertaken to determine (1) the operative risk of cholecystectomy for patients with coronary heart disease and (2) whether removal of a diseased gallbladder influenced the subsequent course of the patient with coronary heart disease. There were 100 patients in the series. The actual surgical procedure was well tolerated with no deaths or other serious complications on the operating table. Three patients died in the hospital; one from acute pancreatitis, another from pancreatic necrosis, and the third patient died on the seventeenth postoperative day. This patient had cardiac failure and suffered from a cerebrovascular accident earlier in the postoperative course, neither of which seemed directly responsible for his death. The postoperative morbidity rate was not unusual for intra-abdominal procedures in patients of the age of these patients.

The survival rate of this group of patients 6 years after operation was 71 per cent as compared with 84 per cent in the normal population of similar sex and age constitution. This study establishes the relatively low risk of cholecystectomy in patients with symptomatic coronary heart disease and emphasizes the dangers inherent in the complications of chronic biliary disease itself. Such complications must be considered even more serious in patients with coronary heart disease. It is doubtful whether removal of a diseased gallbladder influences the course of coronary artery disease directly but it is likely that life may be prolonged by preventing the serious complications of biliary disease by performance of cholecystectomy preferably during the quiescent phases of gallbladder disease.

Simon


Legal Judgments and Clinical Diagnosis

General propositions do not decide concrete cases. The decision will depend on a judgment or intuition more subtle than any articulate major premise.—O. W. HOLMES, Jr., 1905.


Biosynthetically labeled C14-digitoxin was administered intravenously in multiple doses to 3 terminal patients. The various tissue samples at autopsy were assayed for both the unchanged drug and its metabolic products. The myocardium does not have any special affinity for the cardia glycoside in comparison to other organs. On a tissue-weight basis, the kidney, gallbladder contents, and entire intestines have the highest concentration of unchanged digitoxin, whereas the spleen, jejunal contents, and gallbladder contents have the highest concentration of metabolic products. On a whole organ basis, the liver has the largest amount of both digitoxin and its metabolic products. The hypothetic scheme of the possible course of events based on the results is as follows: After its intravenous administration, there is a rapid initial removal from the vascular system as evidenced by the disappearance of approximately 60 per cent of drug from the blood stream within 15 min. after its administration. During this period, as well as after the digitoxin blood level has reached equilibrium, some of the drug is metabolized by the liver and both the glycoside and its metabolic products enter the gastrointestinal tract via the biliary route. A major portion of the metabolites and some of the unchanged digitoxin are then reabsorbed by the small intestine and enter the enterohepatic cycle. With this passage, small amounts of the metabolic products and lesser amounts of the unchanged drug are continuously removed from the vascular system by the kidney. This accounts for the greater excretion of the drug and metabolites by way of the kidneys than by way of the feces.

Aviado
230 PROLONGED STEROID THERAPY FOR RHEUMATIC FEVER


Analysis of 3,896 patent ductus operations by 49 cooperating surgeons is presented. Of these, 2,929 operations were performed in children and 967 in adults.

The data show a sharp upswing in the 2 most significant preoperative symptoms, myocardial insufficiency and infection, between the children and the adults. The over-all operative mortality was 2.77 per cent (children 2.3 per cent; adults 5.5 per cent). The clinical results in the survivors was considered satisfactory in 98.3 per cent of the children and 95.5 per cent of the adults.

In response to 4 specific questions, the following was ascertained:

1. Surgical Technic. The majority of the investigators favored division of the duct as opposed to ligation. There was no difference in mortality, however, between the 2 series.

2. Pulmonary Hypertension. In regard to ductal interruption in the presence of pulmonary hypertension, opinion was overwhelming that it should be done.

3. Reversal of Shunt. When the shunt has reversed from a predominantly left-to-right flow to a right-to-left one, most surgeons opposed surgery. Some investigators, however, thought that if the pulmonary artery pressure fell after temporary clamping, the duct should be divided.

4. Absence of Cardiac Enlargement and Symptomatology. All but 1 of the surgeons favored ductal interruption in the absence of cardiac enlargement or clinical symptomatology.

Supplementary data, from a more limited group of surgeons, revealed: most previously enlarged hearts decreased to normal size after surgery; 7.1 per cent of cases had a coexistent aneurysm (ductus, pulmonary artery, or aorta); hemorrhage at operation was the largest single cause of death.

The committee concluded that the operation is a standardized and safe procedure, that the finding of a patent ductus, in the absence of a right-to-left shunt, is a definite indication for surgery, and that the operation is optimally performed during childhood.

Maxwell
and co-workers that of 6 hypertensive subjects who were studied under metabolic ward conditions for 6 months, only 1 patient—the smallest—attained positive nitrogen balance 3 months after going on the rice-fruit diet. Therefore, while the major compensatory reaction to salt restriction may have been completed within the 10 to 30 days following institution of the new diet, it is highly unlikely that the subjects were in positive nitrogen balance. This supposition is rendered likely by the fact that 2 of the 3 patients had steadily declining weights on the rice-fruit diet (weights were not reported in the fourth subject). In the series presently reported, the only dietary change throughout the entire period of study was the withdrawal of the daily sodium chloride supplement of 10 Gm. during the low-sodium phase of the study.

While these are offered as possible explanations for the discrepancies between the 2 sets of experimental results, it should be conceded that there may exist other, and more plausible, explanations. It seems fair to conclude, however, that drastic limitation of sodium itself may be, but commonly is not, followed by a decreased pressor response to norepinephrine.

**SUMMARY**

Studies on 9 adults, 8 of whom were hypertensive, failed to confirm the previous report of a uniform decrease in pressor response to norepinephrine following sodium withdrawal. Several possible explanations were proposed to explain the disparity between the 2 sets of data.

**SUMMARIO IN INTERLINGUA**

Studies in 9 adultos, 8 del quales eseva hypertensive, non confirmava le previe reporto de un uniforme reduction del responsa pressorial a norepinephrina post abstention ab natrium. Plure explicationes possibile es propone

**REFERENCES**


We must not forget that the physician above all should keep in mind the welfare of his patient, his constantly changing state, not only in the visible signs of his illness, but also in his state of mind, which must necessarily be an important factor in the success of the treatment. One would be blind not to recognize that before and even after the advent of modern scientific medicine there were great and able healers of the sick who were not men of science, but who had the ability to reassure the patient and thus favourably to influence the course of illness. It is also obvious that there have been excellent scientists who were very mediocre practitioners.—Arturo Castiglioni, 1874—
from the United States. (Thrombotic Occlusion of
the Branches of the Aortic Arch, Martorell's Syn-
drome. Report of a case treated surgically. Davis,
J. B., Grove, J., and Julian, O. C. Ann. Surg. 144:
124, July 1956.) The patient was a 51-year-old
white man who had a surgical removal of a clot
from his innominate artery with alleviation of his
cerebral symptoms.

**SUMMARIO IN INTERLINGUA**

Es presentate un caso del si-appellate "morbo
sin pulso." Illo es le sexto caso publicate in le
litteratura american. Es proponite le uso del
plus descriptive termino "obliteration throm-
botic del brancas del arco aortic." Es passate
in revista le litteratura mundial in re iste
theme. Datos clinic es presentate. Recommend-
ationes e admonitiones therapeutic es sub-
lineate.

**REFERENCES**

12: 554, 1908.)

2 Broadbent, W. H.: Absence of pulsation in both
radial arteries, the vessels being full of blood.

3 Ask-Upmark, E.: On the pulseless disease outside

4 Caccamise, W. C., and Whitman, J. F.: Pulseless
disease: a preliminary case report. Am. Heart J.
44: 629, 1952.

5 Ross, R. S., and McKusick, V. A.: Aortic arch

6 Barker, N. W., and Edwards, J. E.: Primary
arteritis of the aortic arch. Circulation 11: 846,
1955.

7 Giffin, H. M., Dry, T. J., and Horton, B. T.:
Reversed coarctation and vasomotor gradient:
Report of a cardiovascular anomaly with sym-
toms of brain tumor. Proc. Staff Meet., Mayo
Clinic 14: 561, 1929.

8 Hare, H. A., and Holder, O. H.: Some facts in
regard to aneurysm of the aorta. Am. J. M. Sc.
118: 329, 1899.

9 Osler, W.: Modern Medicine. Ed. 4. Philadelphia,
Lea and Febiger, 476, 1908.

10 Kampaheimer, R. H., and Meuman, V. F.: Bilateral
absence of pulse in the arms and neck in aortic

11 Boyd, L. J.: A study of 4,000 reported cases of
168: 654, 1924.

12 Oota, K.: Rare case of bilateral carotid-subcla-
vian occlusion: Contributions to pathology of
peripapillary anastomosis of the eye with absence

13 Sato, T.: An unusual case of arterial oblation.

14 Lewis, T., and Stokes, J.: A curious syndrome
with signs suggesting cervical arterio-venous
fistula: With pulses of the neck and arm lost.

15 Skipper, E., and Flint, F. J.: Symmetrical ar-
terial occlusion of the upper extremities, head and


17 Roseman, E., Whitcomb, B. B., and Woodson,
F. G.: Carotid sinus syncope secondary to liga-
tion of carotid vessels for intracranial arterio-

18 Fravign, A. G.: Bilateral oblation of the com-
mon carotid artery. Acta psychiat. et neurol.,
Suppl. 39, 1946.

46: 552, 1931.

20 Crawford, J. R.: Bilateral pulse obliteration in

21 Lewis, D.: Spontaneous gangrene of the extremi-

Path. 1: 499, 1926.

23 Zeek, P. M., Smith, C. C., and Weeter, J. C.:
Studies on periarteritis nodosa. Am. J. Path.

What is spoken of as a "clinical picture" is not just a photograph of a man sick in bed; it is an
impressionistic painting of the patient surrounded by his home, his work, his relations, his friends,
his joys, sorrows, hopes, and fears.—Francis Weld Peabody. The Care of the Patient. Harvard
University Press, 1927.
medie per K\textsuperscript{42} esseva 1,00; illo de rendimento cardiac per Decholina a rendimento cardiac per K\textsuperscript{42} esseva 0,93; e illo de volumine central per Decholina a volume central per K\textsuperscript{42} esseva 0,94. Le concentration de Decholina in le sanguine, associate con le apparition e disparition del characteristic gusto amar habeva un nivello medie de 180 mg per L.

Le resultados prova que un modificiate mesuration de tempores circulatori a Decholina pote esser usate, al minus sub certe conditiones de varie generes, pro obtener plus extense informations quantitative que lo que ha traditionalmente esseite obtenite per medio de illo.

REFERENCES

1 CONN, H. L., JR.: Accuracy of a radio-potassium dilution (Stewart principle) method for the measurement of cardiac output. J. Appl. Physiol. 7: 542, 1955.


Nine patients, 6 with disseminated lupus erythematosus and 3 with periarteritis nodosa, have been treated with metacortandracin. One patient with periarteritis nodosa died while under treatment. The autopsy showed extensive arterial involvement, both visceral and peripheral. The most remarkable feature in the histologic study was the lack of inflammatory process noted in the diseased arteries. The inference from these studies is that, if this patient had been treated in the early phase of the disease, the outcome would have been more favorable. The other 2 cases of periarteritis nodosa have been converted from very ill people to a status of employability. All 6 patients with disseminated lupus erythematosus had previously been treated with either cortisone or corticotropin. All have done much better with metacortandracin. However, in no instance have the L.E. cells disappeared from the bone marrow or from the peripheral blood. All 6 cases carry on their usual activities with little or no restriction. The capacity to tolerate a normal diet, without salt restriction or the addition of the large, gastric-disturbing doses of potassium required with the use of other steroids, is appreciated by these people. The initial dose was 10 mg. every 8 hours in all cases except 1. The dose was decreased by 5 mg. every 5 days until the smallest amount required for maintenance was reached. It was usually 15 to 20 mg. /day. All these patients with 1 exception have been observed under treatment for 60 to 120 days. Although the short-term treatment has been favorable, more time will have to elapse before a conclusive opinion can be reached as to long-term treatment of the collagen diseases with this new compound.

WENDKOS

An uncomplicated method is described that provides an adequate circulation of oxygenated blood to the vital organs of the body during the period of cardiac by-pass in patients undergoing operations within the open chambers of the heart. This is accomplished by a simple pump that simultaneously delivers blood from an arterial reservoir to the arterial system of the patient and withdraws an equal volume of venous blood from the vena caval system.

A simple method of obtaining blood possessing arterial chemical characteristics with which to supply the arterial reservoir is discussed. This can be done by utilizing the physiologic observation that blood drawn from a vein of an extremity that has been subjected to an external heat of 45 to 47 C. for 15 to 20 min. is arterialized. Thus, by preheating the arms of blood bank donors, relatively large quantities of arterialized venous blood can be collected with ease.

The first patient in which a high interventricular septal defect was repaired under direct vision using the described reservoir method of perfusion and arterialized venous blood is reported. This infant has made an uncomplicated recovery. The advantages of the method and the feasibility of its clinical application, especially to small patients, are discussed in detail.

Maxwell
hemodynamics of the left side of the heart as studied by simultaneous left atrial, left ventricular, and aortic pressures; particular reference to mitral stenosis. Circulation 12: 69, 1955.


Two hundred thirty-one euthyroid, seriously ill cardiac patients have been treated with radioactive iodine since February 1950. Of particular interest is the analysis of the original 100 patients treated 4 years ago. The patients in this series were treated for severe angina pectoris or severe congestive heart failure, or a combination of both. The rationale of treatment was to produce a state of beneficial relative hypothyroidism by lowering the total metabolism of the body so that the heart had less work to do. An interesting feature in this series of cases was the use of "thyrogram" (a diagram of the thyroid gland made by a scintillation counter) to check gland size and function. Fifty-six per cent of 94 patients with angina pectoris showed excellent results, and 37 per cent of this number showed good results. Of 78 patients with congestive heart failure 53 per cent showed excellent and 28 per cent good results. A group of 59 patients with angina pectoris and congestive heart failure combined showed 48 per cent excellent and 32 per cent good results.

Kitchell
REFERENCES


The presence of 5-HT (serotonin) has been demonstrated in many body tissues and fluids of man and animals. It has been suggested that this substance plays a part in hemostasis and in the regulation of vascular tonus. In an attempt to define the mechanism of such a role, 5-HT was infused into the human brachial artery. With doses of more than 1 μg./min., the forearm and hand blood flow decreases, the volume increases (plethysmography) and there is a marked flushing of skin. These results demonstrate constriction of those vessels that control the rate of blood flow (the arterioles) and at the same time dilate the minute vessels of the skin. The observations lend support to the theory proposed by others that the clinical triad of carcinoid tumor, pulmonary stenosis, and red-blue color of the skin associated with periodic attacks of intense flushing is due to increase in substances resembling 5-HT in the blood.

Aviado


Although rheumatic heart disease, coronary atherosclerosis, and hypertension are the most frequent causes, thyrotoxicosis, constrictive pericarditis, pulmonary embolism, malignant disease in the mediastinum, accidental electric shock, and digitalis administration are other causes. The last factor was referred to by Mackenzie in 1911. Benign “idiopathic” atrial fibrillation is not uncommon in healthy adults with excesses of work, tobacco, and emotion.

Of 500 consecutive cases, 30 per cent had rheumatic heart disease. Relative advantages of atrial fibrillation include (1) ease of control of ventricular rate, (2) decreased incidence of subacute bacterial endocarditis, (3) freedom from paroxysmal attacks. A clot was found in the left atrium of 43 of 106 patients (40 per cent) with atrial fibrillation and 3 of 144 patients (2 per cent) with sinus rhythm.

Of 32 patients with systemic embolism preoperatively, 22 had atrial clot at operation and 5 of these 22 suffered operative embolism. “So far not one of the 32 patients with a past history of systemic embolism has experienced further embolism in the years following operation.”

The authors introduce their article with the following well-turned phrases of Hay and Jones: “The auricles pipe and the ventricles must dance . . . a dance that sometimes leads to death.”

McKusick


Nine of a series of 44 hypertensive patients who came to necropsy after methonium or pentolinium therapy had dissecting aneurysm. Of the 44, 34 had malignant hypertension. Of the 34, dissecting aneurysm occurred in 6 (the other 3 cases were instances of benign hypertension). Among 89 cases of malignant hypertension not treated with the drugs mentioned only 1 case of dissecting aneurysm occurred. Among 200 control cases of benign hypertension were 6 of dissecting aneurysm. Therefore, use of the drugs was accompanied by an increase of the total incidence of dissecting aneurysm from 2 per cent (7/289) to 20 per cent (9/44)!

Review of the literature appears to confirm the impression that dissecting aneurysm is ordinarily relatively rare in malignant hypertension. As a basis of the observed increase with therapy the authors suggest the following possibilities: 1. Prolongation of life permits time for development of this complication. 2. Fluctuation of blood pressure encourages the development of dissecting aneurysm. 3. These hypotensive agents have a specific biochemical effect on the aorta.

McKusick