


THEORY AND PRACTICE ARE COMPLEMENTARY

"Science is a river with two sources, the practical source and the theoretical source. The practical source is the desire to direct our actions to achieve predetermined ends... The theoretical source is the desire to understand. Now I am going to emphasize the importance of theory in science. But to avoid misconception I must emphatically state that I do not consider one source as in any sense nobler than the other, or intrinsically more interesting..."

"The importance even in practice, of the theoretical side of science arises from the fact that action must be immediate, and takes place under circumstances which are excessively complicated... Success in practice depends on theorists who, led by other motives of exploration, have been there before, and by some good chance have hit upon the relevant ideas. By a theorist I do not mean a man who is in the clouds, but a man whose motive for thought is the desire to formulate correctly the rules according to which events occur. A successful theorist should be excessively interested in immediate events, otherwise he is not at all likely to formulate correctly anything about them."—A. N. Whitehead. Aims of Education, 1929.
KAPLAN, GABEL, HILL, MEYER, OLSEN, N.


52 Gabel, P. V.: Personal communication.


Medical Eponyms

By Robert W. Buck, M.D.

**Pick's Disease.** Dr. Friedel Pick (1867–1926), First Assistant in the First German Medical Clinic at Prague, described "Chronic Pericarditis (Pericarditic Pseudocirrhosis of the Liver) Simulating the Course of Cirrhosis of the Liver, with Observations on the Frosted Liver (Curschmann)" ("Ueber chronische, unter dem Bilde der Lebercirrhose verlaufende Pericarditis (pericarditische Pseudoleber-cirrhose) nebst Bemerkungen über die Zuckergusleber (Curschmann)" in the Zeitschrift für klinische Medizin 29: 385–410, 1896.

"There is a symptom complex (pericarditic pseudo cirrhosis of the liver) which simulates one of the mixed forms of cirrhosis of the liver (enlarged liver), marked ascites without jaundice). This results from disturbances in the circulation of the liver caused by a latent pericarditis. These lead to an overgrowth of connective tissue which produces marked ascites by causing congestion in the portal circulation.

"The condition usually occurs in young persons but may be seen in later life.

"The following points are to be considered in the differential diagnosis: absence of any etiological cause for cirrhosis of the liver, a history indicating a previous pericarditis and a previous edema of the legs. Only careful examination of the heart can finally establish the diagnosis."
The practice of medicine in its broadest sense includes the whole relationship of the physician with his patient. It is an art, based to an increasing extent on the medical sciences, but comprising much that still remains outside the realm of any science. The art of medicine and the science of medicine are not antagonistic but supplementary to each other. There is no more contradiction between the science of medicine and the art of medicine than between the science of aeronautics and the art of flying.—FRANCIS WELD PEABODY. The Care of the Patient. Harvard University Press, 1927.
REFERENCES


The thinker makes a great mistake when he asks after cause and effect. They both together make up the indivisible phenomenon.—Goethe, 1749–1832.


Eighty-two cases of ventricular aneurysm were collected from various sources in Johannesburg. Sixty-five were Europeans, 15 were Negro (Bantu), 1 was Cape Coloured and 1 was Hottentot. Seventy-four of these patients were studied at necropsy. Coronary atherosclerosis was associated with all 57 aneurysms studied in the Europeans and was considered probably responsible for the cardiac involvement in each instance. Coronary atherosclerosis was not associated with any of the 15 ventricular aneurysms occurring in the Bantu. Six of these 15 cases were due to syphilis, 1 each to tuberculosis of the left coronary artery, Loeffler's parietal endocarditis, mycotic aneurysm, rheumatic disease, and congenital causes, and 4 were considered idiopathic. Among the 74 necropsied cases, rupture of the aneurysm was the cause of death in 16. The authors offer no explanation for the differences in incidence of coronary artery atheroma in the European as contrasted with the Bantu but report that differences in diet and nutrition and histologic differences in coronary arteriolar structure are still to be investigated.

ROSENBAUM
Subsequently, in the celebrated Commentaries upon which our grandfathers in the profession were educated, Heberden gave a fuller account of his experience with the disease. The name which he adopted can not be regarded as altogether satisfactory, since it was already in use in designating affections of the throat, with which its literal meaning—a strangling—is much more in harmony. In one sense, however, the term is fairly appropriate, since, as noted by Gairdner, the words anxiety and anguish, expressive of two of the most prominent features of the disease, have a derivation from the same Greek word as angina.—William Osler, M.D. *Angina Pectoris and Allied States*. 1897.
MCKUSICK


The authors showed previously that in the period 1949–52 the “sudden death” rate and “three-month mortality” rate from coronary artery disease was twice as great in the drivers of London buses as in the male conductors. It was suggested that physical activity accounted for the difference. It was evident to the authors, however, that a difference in physique of persons who become conductors or drivers might be responsible. They conceived checking on this possibility by analysis of the records of trouser waist line and jacket breast measurements, data readily available from the department that issues uniforms to the men. For all age groups, the percentage with trouser waist of 36 in. or more and jacket breast of 40 in. or more was consistently greater in the group of drivers. The average height of drivers was greater, partly because a maximal height was prescribed for conductors. In both occupations girth increased progressively with age. The data indicate that the differences in the physiques of the 2 groups are constitutional and that the men brought the differences with them to their job. Other considerations are discussed.

McKUSICK


Acetazolamide (Diamox) was given to 7 patients with chronic respiratory acidosis in doses ranging from 0.25 Gm. in a single daily dose to 1.5 Gm. daily in divided doses. In all 7 patients the drug caused a fall in plasma bicarbonate and an increase in the tendency to acidosis. In the majority of the patients the acidosis was restored to the level existing before drug administration by hyperventilation. It is thought that administration of this drug in certain patients with chronic respiratory acidosis is not without hazard. One patient is described in whom the arterial carbon dioxide tension rose to very high levels while receiving small doses of the drug and in whom the acetazolamide seemed to prevent any concomitant compensatory rise of plasma bicarbonate. This was interpreted as an increase in hypercapnia unrelated to the acetazolamide but a fortuitous effect due to fluctuation in the sensitivity of the respiratory center. Similar rapid increases of carbon dioxide tension have been observed, however, in acute pulmonary infections, and patients with acute respiratory acidosis and with carbon dioxide narcosis have been reported to show an unfavorable response to acetazolamide.

Rosenbaum
CHRONIC PULMONARY EMPHYSEMA AND COR PULMONALE

10 —: Elastic tissue. II. A study of the elasticity and tensile strength of elastic tissue isolated from the human aorta. Arch. Path. 34: 971, 1942.


Since the demonstration of the pulmonary hypertensive effect of an acute and temporary period of anoxia in animals and in man, considerable interest has been focused upon the influence of anoxia when it is constant in nature. Persons living at an altitude of 14,900 feet had a moderate degree of pulmonary hypertension, which was more accentuated in permanent than in temporary residents. Since the cardiac output was normal, it could be eliminated as a cause for the hypertension. Pulmonary vasoconstriction was unlikely because autopsies performed on healthy men killed accidentally revealed marked dilatation of the vascular bed of the lungs. Prolonged anoxia caused polycythemia with an increase in pulmonary blood volume. An elevation in the blood viscosity was believed to be the ultimate cause of the increased pulmonary vascular resistance.