could be recorded in 3 electrocardiograms. The writer believes that the lead-field concept developed by McFee and Johnston⁷⁻⁹ points to methods for accomplishing this desirable end. These ideas are further discussed in a recent paper by Reynolds, Cordes, Willis, and Johnston.¹⁰

Electrocardiography has advanced a great deal in the past half a century, but even though technical advances in the future may simplify and improve methods for the registration of records, the human element, concerned with interpretation of records will always be with us. In this connection it is well for all of us to keep in mind a remark so often made by Doctor Wilson. “The more one learns about the fundamentals of electrocardiography the more conservative he becomes in the interpretation of tracings.”

FRANKLIN D. JOHNSTON

REFERENCES


Medical Eponyms

By Robert W. Buck, M.D.

Valsalva Maneuver. This maneuver was described by Antonio Maria Valsalva (1666–1723) in his Treatise on the Human Ear (De Aure Humana Tractatus), Utrecht, 1717. The following quotation is taken from the edition published at Leyden in 1735, chapter 5, 8, page 84.

“If a person who has a continuously discharging abscess in or near the eardrum will attempt, with his mouth and nostrils closed, to compress the air inside, then, as this is done, the bloody matter will usually flow out freely into the auditory meatus.”
RUPTURE OF THE HEART

I will add another observation: A noble Knight Baronet, Sir Robert Darcie, father to the Son-in-Law of the most learned man, and my very great friend and a famous Physician, Dr. Argent, about the middle of his age, did often complain of an oppressive pain in his breast, especially in the night time, so that sometimes being afraid of collapsion of spirits, sometimes fearing suffocation by a Paroxisme, he led an unquiet and anxious life, using the Counsell of all Physicians, and taking many things in vain; at last the disease prevailing, he becomes cachectick, and Hydropick, and at last opprest in a signal Paroxism, he dyed. In his Corps, in the presence of Dr. Argent, who at that time was President of the College of Physicians, and Dr. Gorge, a rare Divine, and a good Preacher, who was at that time Minister of that Parish, by the hinderance of the passage of the blood out of the left ventricle into the arteries, the wall of the left ventricle it self (which is seen to be thick and strong enough) was broken, and poured forth blood at a wide hole, for it was a hole so big, that it would easily receive one of my fingers.—WILLIAM HARVEY, De Circulatione Sanguinis, 1649.
tientes, reportate in un previe publication, ha nunc esse sub observation post-operatorii durante un periodo de 3½ anos, e nulle indication clinica o physiologic existe a suggerer que iste grado minimal de insufficientia pulmonar es significative.

Le gradiente de pression systolic inter le ventriculo dextere e le arteria pulmonar esseva completamente abolite in 17 del 35 patientes. Un residuo de gradiente de plus que 20 mm Hg persisteva in 8 casos. Es presentate explicationes possibile del residue gradiente de pression.

Es reportate, finalmente, le registration de hypertension pulmonar post alleviamento del stenosis pulmonar. Explicationes es considerate.

REFERENCES

10. Swan, H. Unpublished data.
diastolic initial que le pacientes del gruppo inelastic.

REFERENCES


Eighteen selected cases of acute spontaneous cerebral vascular accidents in young normotensive adults were reviewed. The diagnoses and subjects for discussion included disseminated lupus erythematosus, scleroderma, thromboangiitis obliterans, thrombotic thrombocytopenic purpura, fibrinogenopenia of pregnancy, postmeasles hemiplegia, subacute bacterial endocarditis, angiomatomous malformation, postpartal cerebral venous thrombosis, spontaneous subcortical hematoma, and syphilis, as well as cerebral thrombosis of unknown cause. It was suggested that the precipitous decline in incidence of all forms of syphilis during the penicillin era had minimized the etiologic importance of syphilis with regard to cerebrovascular accidents in the younger age groups. The phenomenon of biologic false-positive serologic tests was discussed as a probable cause of a mistaken diagnosis of vascular syphilis. The frequency of thrombosis of the carotid arteries in young normotensive adults was emphasized. It was concluded that premature arteriosclerotic vascular changes constituted the most important pathogenetic factor in the etiology of spontaneous cerebral vascular accidents in young normotensive adults.

BERNSTEIN


8 ——: The significance of the intermediate Korotkoff sounds. Circulation 8: 600, 1953.


Although there is little doubt that a clinical syndrome characterized by diabetes, edema, hypertension, proteinuria, azotemia, and diabetic retinopathy is found in about 10 to 15 per cent of patients with the specific Kimmelstiel-Wilson nodular lesion of the glomerulus, similar symptoms and signs may be found in patients without this specific lesion. The diagnosis of this syndrome is further helped by the finding of doubly refractive lipoid cells and casts in the urinary sediment and may be confirmed during life by renal biopsy. It is also well known that anatomically proved cases of this condition may not be identified during life because of the paucity or lack of clinical findings. The earliest clinical signs of the disease may be detected in diabetic patients by repeated ophthalmoscopic examinations for the retinal micro-aneurysms that coexist with the glomerular involvement. Doubly refractile bodies in the urine may also possibly be an early finding.

In regard to pathogenesis, controversy exists as to the effects of control of diabetes on the development of the renal and retinal lesions. In the author's experience no real differences in the insulin requirements or frequency of episodes of acidosis are apparent between diabetic patients with and without the specific renal lesion. It has been established that the duration of diabetes is an important factor in pathogenesis, but the time factor may vary from as little as 6 years to as long as 25 years. Some interesting biochemical alterations regarding tissue concentrations of mucopolysaccharides, lipids, and lipoproteins have been reported in this condition, but the present evidence is too fragmentary to allow a definite causal relationship of these substances to the renal and glomerular lesions. Recent studies have also indicated a possible relationship between increased pituitary-adrenal cortical activity and the development of the specific vascular lesions, but it is much too early to come to any definite conclusions. As yet no real therapeutic regimen is available for these patients.
Nevertheless, the use of mercurials in obstetrics has been condemned by obstetricians on the theory that damage to the kidneys may occur and because the effects on the fetus are not known. In view of our observations and other reports the fear of using mercurial diuretics in pregnancy does not seem well founded, in fact these agents may well be indicated in the cases of edema of pregnancy resistant to other simpler therapeutic regimens.

**Summary**

The diuretic effects of oral organomercurials (Neohydrin and Metrox) were compared to those induced by bed rest and by injectable mercurials (Mercuhydrin and Mersoben) in groups of normally pregnant and toxemic patients. No significant difference existed between the effects of oral mercurials and bed rest. Injectable mercurials produced marked diuretic effects, which were significantly different from those induced by oral mercurials and bed rest. It is suggested that the lack of diuresis of the oral mercurials might be due to impairment of intestinal absorption for mercury during pregnancy.

**Summario in Interlingua**

Le effectos diuretic de oral organomercuriales (Neohydrina e Metrox) eseva comparate con le effectos diuretic de allectamento e injibile mercuriales (Mercuhydrina e Mersoben) in gruppos de gravidas normal e toxemic. Nulle significative differentias existeva inter le effectos de mercuriales oral e allectamento. Mercuriales del typo injibile produciva marcate effectos diuretic que eseva significative mente differente ab le effectos inducite per mercuriales oral e per allectamento. Es formilate le possibilitate que le manco de diurese per mercuriales oral es explicable per un obstruite absorption intestinal de mercurio durante le pregnancia.

**References**


I observe the physician with the same diligence as he the disease.—John Donne, 1573–1631.
PULMONARY ELASTIC AND VISCOS RESISTANCE IN ORTHOPNEA


Although epinephrine, norepinephrine, and isoproplaterenol caused markedly different vaso-motor responses in many vascular beds, their effects on the coronary bed were qualitatively similar. All 3 amines caused dilatation of the coronary vessels, as measured by decreases in resistance to blood flow measured by an electromagnetic flowmeter (cannulated anterior descending ramus of dog). It was conspicuous that all of them increased myocardial contraction as estimated from the effects on flow during isometric contraction, resistance at systole, and amplitude of the intra-coronary systolic pressure. The greater effectiveness in hypotensive states of norepinephrine, as compared with epinephrine, would appear to be due to differences in their systemic rather than their cardiac effects, since the direct effects on the myocardium were similar.

Aviado
ductus arteriosus with pulmonary hypertension. Circulation 8: 15, 1953.


This paper attempts to determine the course and prognosis of coarctation of the aorta, based upon a study of 130 patients. Sixty per cent were first seen when under 20 years and only 14 per cent when over 30. Eighty patients have been followed 5 years or more. Twenty-eight were seen in the first decade. Three patients died, 1 with recurrent bouts of failure, 1 of aortic stenosis and rheumatic heart disease, and 1 of failure after being cured of bacterial endocarditis. The living patients were regarded as normal by their parents. Fifty were seen in the second decade. One died, probably of heart failure. The clinical course was usually uneventful in this decade although the blood pressure rose slowly. Thirty-seven were seen in the third decade. The blood pressure was now stable. Five died, 1 of ruptured aorta, 1 of cerebral hemorrhage, and 3 of congestive failure. Seventeen were seen in the fourth decade. Two died, 1 with aortic regurgitation and 1 with aortic stenosis. Only a few were seen in the fifth and sixth decades.

About 25 per cent had aortic regurgitation and 5 per cent aortic stenosis. Large hearts and electrocardiographic evidence of left ventricular strain were uncommon in the absence of valvular disease. Congestive heart failure was the commonest cause of death. Below the age of 30, death was more commonly due to aortic rupture, bacterial endocarditis (with or without aortitis), and intracranial hemorrhage.

Because of the possibility of sudden and unexpected death, operation was advised for most children. Aortic regurgitation was an added reason for urging operation.
ATRIAL DISSOCIATION AND UNIATRIAL FIBRILLATION

cardiography, St. Louis, C. V. Mosby Co., 1941, p. 296.


26 DUCLOS, F.: Un caso de “doble mano auricular.” Arch. cardiol. y hemat. 16: 175, 1935.


Medicine, and this is one of the most valuable of the teachings of history, cannot remain equal to its great task without preserving for the physician his double character of scientist and worker for the people, according to the classic concept. If in the exercise of his art he is guided by his knowledge of the laws of nature, then his technical knowledge, his calm judgment, and his objective reasoning should furnish him with the rules which will determine the application of these natural laws in practice. It is only thus that the clinician can be clinical in the true sense of the word.—ARTUBO CASTIGLIONI (1874–).


Five patients with myocardial infarction received cortisone within 48 hours of the onset of the attack in doses of 75 mg. orally every 6 hours decreasing to 25 mg. daily after the twelfth day. The usual supportive measures were employed, including pressor agents in 1 patient with shock. Anticoagulants were not used. Electrolyte and water balance measurements were obtained during the course of treatment. Neither morbidity nor mortality was influenced by cortisone therapy in this small group. Death occurred in 2 patients as predicted by the Pathologic Index Rating on admission. The treatment had no stabilizing effect upon blood pressure and did not prevent hypotension. Moderate sodium and water retention occurred in the 2 patients who died, but did not occur in the 3 patients who survived.

Shuman
The existence of the cancellation phenomenon does not preclude the possibility that proximity leads are selectively affected by local action currents. On the contrary, it is theoretically certain that proximity leads are affected most strongly by local action currents, despite the existence of cancellation.

**SUMMARIO IN INTERLINGUA**

Esseva tentate cancellationes del complexos QRS registrate ab nivellos electrocardiographic infratransitional, transitional, e supratransitional del orificio esophagee in 27 subjectos. Le cancellationes obtenite esseva excellente in 41,0 pro cento del essayos, bon in 28,2 pro cento, e satis bon in 15,4 pro cento.

A causa del extreme proximitate del orificio esophagee inferior al corde, le concepto del equivalente dipolo cardiac non es usable in explicar le cancellabilitate de electrocardiogrammas registrate ab iste region. Es presentate un nove theorie de cancellation, dependente del analyse del campo de derivation associate con le connexion cancellational.

Le cancellation de electrocardiogrammas ab esphago o superficie corporee non es un test critic del hypothese del equivalente dipolo cardiac, proque un connexion cancellational es un relativamente insensible derivation electrocardiographic e proque il ha a priori le certitude que cancellation pote esser obtenite a non importa qual 2 instantes del cyclo QRS.

Le existentia del phenomeno de cancellation non exclude le possibilitate que derivationes de proximitate es selectivemente afficite per currentes de action local. Al contrario, il es theoreticamente certe que derivationes de proximitate es afficite fortissimemente per currentes de action local, in despecto del existentia de cancellation.

**REFERENCES**

31 Flynn, J. E., and Mann, F. D.: The presence and pathogenesis of endocardial and subendocardial
degeneration, mural thrombi, and thromboses of the thebesian veins in cardiac failure from causes
32 Hoffman, F. G., Rosenbaum, D., and Genovese, P. D.: Fibroplastic endocarditis with eosinophilia:
28: 714, 1944.
34 Robinson, R. W., and Queen, R. B.: Isolated (Fiedler's) myocarditis. Ann. Int. Med. 23:
860, 1945.
35 Becker, B. J. P., Chatgidakis, C. G., and Van Lingen, B.: Cardiovascular collagenosis with
36 White, P. D., and Fennell, R. H., Jr.: Endocardial fibroelastosis with marked cardiac
enlargement and failure in a man who died at the age of 71 after 15 years of angina pectoris
37 Lennox, B.: Acute parietal endocarditis in a case of status asthmaticus. J. Path. & Bact. 60:
621, 1948.
38 McNicol, M. C., MacMahon, H. E., Benenson, A. S., and Winship, T.: Recurrent parietal
Heart J. 8: 236, 1946.
41 Elster, S. K., Horn, H., and Tuchman, L. R.: Cardiac hypertrophy and insufficiency of
43 Levine, Samuel A.: Clinical Heart Disease. Ed. 4, Philadelphia, W. B. Saunders Co., 1951,
p. 132.
Heart J. 42: 555, 1951.
422, 538, 577, 767 and 769.
47 Dock, W.: Marked cardiac hypertrophy and mural thrombosis in the ventricles in beriberi heart.
Tr. A. Am. Physicians 55: 61, 1940.
48 Smith, J. J., and Furth, J.: Fibrosis of the endocar
dium and the myocardium with mural
49 Hull, E.: Personal communication.

Heymans, C., de Schaadryver, A. F., and King, T. O.; Carotid Sinus Baroreceptors and Adreno

These experiments were initiated in response to recent reports by others that baroreceptors
are incapable of limiting the blood pressure rise of epinephrine and norepinephrine. The present
experiments have shown that the pressor response to a given dose of epinephrine was enhanced
after elimination of the buffering activity of the carotid sinus baroreceptors, provided the systemic
blood pressure level before and after denervation was kept constant. The well-known function of
the carotid sinuses was reemphasized.
exaggerated one, as that made by John Dryden in 1680 in a letter to a kinsman:

"By chase our long-liv'd fathers earn'd their food;
Toil strung the nerves and purified the blood;
But we, their sons, a pamper'd race of men,
Are dwindled down to three score years and ten.
Better to hunt in fields for health un-bought
Than fee the doctor for a nauseous draught.
The wise for cure on exercise depend;
God never made his work for man to mend."

But lest we become overconfident in our accomplishments let us remember the advice of the old man in Adelphi, the comedy of Terence, quoted by William Harvey:

For never yet hath anyone attained
To such perfection, but that time and place,
And use, have brought addition to his knowledge;
Or made correction, or admonished him,
That he was ignorant of much which he
Had thought he knew; or led him to reject
What he had once esteemed of highest price.

Most learned Riolan, by the help of the Presse, many years ago, I published a part of my labour:
But since the birth-day of the Circulation of the Blood, almost no day has past, nor the least space of time, in which I have not heard both good and evil of the Circulation of the Blood which I found out: Others rail at it, as a tender babie unworthy to come to light; Others say, that it's worthy to be foster'd, and favour my writings, and defend them; Some with great disdain oppose them; Some with mighty applause protect them; Others say, that I have abundantly by many experiments, observations, and ocular testimony, confirm'd the Circulation of the blood against all strength and force of arguments; Others think it not yet sufficiently illustrated, and vindicated from objections; But there are who cry out, that I have affected a vain commendation in dissection of living creatures, and do with childish slighting dispraise and deride at Frogs and Serpents, Gnats, and other more inconsiderable creatures brought upon the Stage, and refrain not from ill language. But I think it a thing unworthy of a Philosopher and a searcher of the truth, to return bad words for bad words; and I think I shall doe better and more advised, if with the light of true and evident observations, I shall wipe away those symptoms of incivility.

It cannot be eschewed but doggs will bark and belch up their surfeits; nor can it be help'd but that the Cynicks will be amongst the number of the Philosophers; but we must take a speciall care that they do not bite, nor infect us with their cruel madnesse, or lest they should with their doggs teeth gnaw the very bones of principles of truth.—WILLIAM HARVEY, De Circulatione Sanguinis, 1649.
I hold every man a debtor to his profession; from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves by way of amends to be a help and ornament thereunto.—Francis Bacon, 1561–1626.