KILLIP AND LUKAS

3 Killip, T., III, and Lukas, D. S.: Clinical features of tricuspid stenosis. To be published.

Science has taught to me the opposite lesson. She warns me to be careful how I adopt a view which jumps with my preconceptions, and to require stronger evidence for such belief than for one to which I was previously hostile.—Huxley.

WHY DO YOU SUPPORT THE AMERICAN HEART ASSOCIATION?

Comments upon Its Origin, Development, and Aims

From Address of Dr. H. M. Marvin before Officers of Affiliates of the American Heart Association, Monday Evening, October 29, 1936

. . . . . . Having been involved in this great movement in a modest way for more than 25 years, it is not strange that I should have known many fine, dedicated people, a number of them sitting in this room, whose lives bear eloquent testimony to the truth of the prophetic words of Mrs. Browning: “The sick man thou hast served will make thee strong; the poor man thou hast served will make thee rich.”

I know that many of you have found deep satisfaction in giving yourselves partly or wholly to unselfish efforts on behalf of those who are unfortunate, handicapped and sick. If there is anything more rewarding, except possibly ministering to man’s spiritual needs, I have not heard of it. In a world filled with doubt, disappointment and failure, here is something to which sensitive people may turn in the full assurance of receiving great emotional rewards. William James once said, “The great use of a life is to spend it for something that outlasts it.” He did not need to add that in spending it thus we can fill it with joy, with dignity, with precious memories; we can justify the qualities that make us human beings; we can in truth, add glory to our dust.

Let me ask, how many things do you know, subject to your control, which lift the heart and give wings to the spirit? How many do you know that deepen the significance of life and widen its horizons? How many do you know that bring joyous and abiding satisfaction? I can tell you one! It is participation in those activities which have as their aim the lessening of human suffering.


21 GRIMSON, K. S.: Personal communication.


Medical Eponyms

By Robert W. Buck, M.D.

Corrigan Pulse. Aortic regurgitation had been described by several physicians before the appearance of a communication by Dominic John Corrigan (1802–1880), Physician to the Charitable Infirmary of Dublin and Lecturer on the Theory and Practice of Medicine at St. Patrick's College, Maynooth, in the Edinburgh Medical and Surgical Journal 37: 225–245 (April 1), 1832, "On Permanent Patency of the Mouth of the Aorta, or Inadequacy of the Aortic Valves," but his account has become a classic.

"When a patient affected by the disease is stripped, the arterial trunks of the head, neck, and superior extremities immediately catch the eye by their singular pulsation. At each diastole the subclavian, carotid, temporal, brachial, and in some cases even the palmar arteries, are suddenly thrown from their bed, bounding up under the skin. . . . Though a moment before unmarked, they are at each pulsation thrown out on the surface in the strongest relief."


Withering’s prominence as a botanist is sometimes lost sight of because of his discovery of digitalis. His years at Stafford had culminated in the publication of a two-volume work entitled *Botanical Arrangement of Vegetables* (1776), which earned him the title of the English Linnaeus. On the Continent he was probably better known for his botany than he was for the introduction of digitalis.

Withering also achieved an eminent position as a mineralogist principally for his discovery of barium carbonate which is still known as “Witherite” in honor of the man who first proved its chemical constitution, it having been so named by the great German geologist, Werner.—John F. Fulton.—*The Place of William Withering in Scientific Medicine*. J. Hist. of Med. & Allied Sc., 8: 14, 1953.
the presently described system because of the high \( f_2 \) point, but consider this unlikely on the basis of the oscillation experiment in which the amplitude of the node at the \( f_2 \) point was small. This indicates that there is little amplitude distortion at this point. Further, even granting a certain exaggeration of the high frequency ballistocardiographic components, it seems better to have these forces visible than almost completely absent, since they are believed to have physiologic and pathologic significance. The other factor, the effect of the internal body elastic network, remains unknown.

**Summary**

Some of the considerations involved in the design of a low frequency undamped ballistocardiographic system have been discussed. A practical ballistocardiographic system based on the principle of the horizontal pendulum is described. By increasing the coupling of the body to the bed and using an accelerometer of extended frequency range, ballistocardiograms having force components of high frequency have been recorded. These forces have not been clearly shown in any previously published study, but appear to have physiologic significance.

**Summario in Interlingua**

Es discutite certe considerationes que interessa le construction de un non-tamponate ballistocardiographo a basse frequentia. Un practic systema ballistocardiographic, basate super le principio del pendulo horizontal, es descritite. Per augmentar le accopulamento del corpore al lecto e per usar un accelerometro de un plus extense gamma de frequentias, ballistocardiogrammas esseva registrare que ha componentes de fortia de alte frequentia non clarmente mostrare in unne previemente publicate studio sed nonobstante de apparente signification physiologic.

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1. **Starr, I., Horwitz, D., Mayock, R. L., and Krumbhaar, E. B.** Standardization of the ballistocardiogram by stimulation of the heart’s function at necropsy; with a clinical method for the estimation of cardiac strength and normal standards for it. Circulation 1: 1073, 1950.

To fight out a war, you must believe something and want something with all your might. So must you do to carry anything else to an end worth reaching. More than that, you must be willing to commit yourself to a course, perhaps a long and hard one, without being able to foresee exactly where you will come out.—O. W. Holmes, Jr., 1884.


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Pheochromocytoma is a relatively uncommon but surgically curable condition. It is a chromaffin type of tumor that masks itself under various forms, notably hypertensive vascular disease. Several clinical features can suggest its presence including fever, tachycardia, respiratory disturbances, glycosuria, and hypermetabolism. The practical value of various pharmacologic tests in regard to their diagnostic usefulness have been analyzed in connection with this particular entity. This report is based not so much on the medical literature as on our own experience. The author especially recommends the use of provocative tests employing histamine, tetraethylammonium or methacholine for patients who exhibit paroxysmal hypertension and adrenergic blocking agents such as phentolamine or piperoxan for the routine screening of the patients who have a persistent elevation of the blood pressure. The factors responsible for false positive or false negative tests that have been encountered in examining such cases, have been discussed. There is presented a description of the technic of the tests, of the selection of patients, and of the criteria for a positive test. Certain conclusions seem to be justified: (1) no single pharmacologic test is considered confirmatory in the diagnosis of the condition, (2) the tests are to be performed only after intelligent selection of patients is made, (3) the nature of the results, whether positive or negative, indicates the necessity for additional tests by additional drugs to confirm or exclude the diagnosis, (4) all patients below the age of 60, in whom there is continuous elevation of the blood pressure, deserve the routine use of such screening tests to exclude pheochromocytoma.

Wendkos


In the mean time I shall say so much, that there are many things allowed and received in Physiologie, Pathologie, and Medicine, that no body knows the cause of; yet that there are such things no body is ignorant, namely, of rotten feavers, revulsion, purgation of excrement, yet all these things are known by the help of Circulation.—WILLIAM HARVEY, de Circulatione Sanguinis, 1649.
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3 Nickerson, S. A.: Boeck's sarcoïd: Report of 6 cases in which autopsies were made. Arch. Path. 24: 19, 1937.


7 —, and —: Involvement of the heart in sarcoïdosis or Besnier-Boeck-Schaumann disease. J. Mt. Sinai Hosp. 8: 784, 1942.


The subtlety of nature is greater many times over than the subtlety of the senses and understanding; so that all those pretty meditations, speculations, and controversies in which men indulge are really quite mad, only there is no one detached enough to observe it.—Bacon, 1561–1626.


Of 426 patients with congenital heart disease seen during a 5-year period, 27 presented with a history of maternal rubella, 13 had patent duc tus arteriosus, 4 ventricular septal defect, 3 atrial septal defect, 2 Fallot's tetralogy, and 1 each suffered from aortic stenosis, pulmonary stenosis, coarctation of the aorta, the Eisenmenger's complex, and transposition of the great vessels. One fourth to one third of those with patent ductus arteriosus had an additional cardiac lesion. Deafness, cataract, or both occurred in 9 with patent ductus arteriosus and in 3 with atrial septal defect. The incidence of patent ductus arteriosus in children born of mothers who had suffered from rubella during pregnancy was about 88 times and that of other congenital heart lesions was 11 times the normal incidence. The higher incidence of patent ductus arteriosus may be due to its longer normal duration in the fetus.

Soloff


The author discusses the measurement of over-all coagulability during Dicumarol therapy as indicated by measurement of the clotting time at both room temperature and at 37 C., the 4-gamma and 1-gamma heparin clotting time (HCT) and the 1-stage prothrombin time (PT). Serial coagulation studies were performed on 21 patients receiving Dicumarol and an index of over-all coagulability was obtained from the ratio of the HCT to the PT. The PT showed a rough correlation with other clotting tests, particularly with the heparin clotting time. The author attributed this to the limitations of the PT, which measured only 1 phase of the clotting mechanism and did not reflect changes in the thromboplastin factors (platelets, antihemophilic globulin, plasma thromboplatin component, plasma thromboplatin antecedent, etc.). These factors may be affected by Dicumarol (particularly PTC), or the patient's disease. The studies on patients with acute myocardial infarction revealed hypercoagulability fluctuating with hypocoagulability, superimposed on the Dicumarol effects. Hemorrhagic manifestations seemed more closely related to over-all coagulability than to prothrombin time alone.

The significance of the over-all coagulability in the control of anticoagulant therapy with Dicumarol and related drugs, particularly in relation to acute myocardial infarction was discussed. These studies suggested that the prothrombin time may be inadequate as the basis of a therapeutic range and in control of therapy with Dicumarol and related compounds.

Maxwell
As to your method of work, I have a single bit of advice, which I give with the earnest conviction of its paramount influence in any success which may have attended my efforts in life—Take no thought for the morrow. Live neither in the past nor in the future, but let each day’s work absorb your entire energies, and satisfy your widest ambition. That was a singular but very wise answer which Cromwell gave to Bellevire—“No one rises so high as he who knows not whither he is going,” and there is much truth in it. The student who is worrying about his future, anxious over the examinations, doubting his fitness for the profession, is certain not to do so well as the man who cares for nothing but the matter in hand, and who knows not whither he is going.—WILLIAM OSLER, To His Students, 1849–1919.

The authors presented various observations in the literature to refute the view that in fat embolism the emboli consist of mechanically released particles of fat, usually narrow fat from fractured bones. They also presented experimental evidence against such a hypothesis. In one series of rabbits a hind leg was crushed by means of a blunt instrument without perforation of the skin, while in another the hind limb was ligated for 1 to 2 hours. In most of the animals in both series an increase of the lipid content in serum was noted, which was considered to be the result of the injuries. However, no definite change in esterase activity could be observed. Fat droplets were demonstrated in the capillaries using Sudan III. The authors concluded that accumulations of droplets in the tissue capillaries, of the type commonly considered pathognomonic of so-called fat embolism, occur as frequently in connection with injuries to soft tissue as in the case of fractures with injuries of the marrow. They were unable to cast any light on the cause for the increase in content of lipid of the serum after trauma.

Abramson
attacco syncopic essesa inducita per le in-glutition de aqued non de alimentos solide. Le causa essesa trovate in un augmentate sensibilitate del sinus carotic resultante ab toxicitate per digitalis. Nulle episodios additional de syncope occurreva quando le uso de digitalis essesa cessate. Il remane possibile que il se tracta in iste caso de coincidentia, sed mesmo in le absentia de provas per repetition, le association de syncope con toxicitate per digitalis es molto plausible.

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