


Clinical and pathologic findings were correlated in 32 patients who developed clinical evidence of ischemic heart disease within 3 months of death. Of 53 coronary occlusions, only 7 were not followed by myocardial infarctions. The occlusions occurred in vessels supplying muscle previously infarcted. Of 77 infarcts, 52 were recent. Twenty-eight patients had ischemic pain longer than 30 minutes, 2 angina pectoris, 2 aggravation of dyspnea, and 19 had no apparent symptoms. Painless myocardial infarction usually occurs in patients who do not have coronary occlusion. The authors believe that pain may be due to the intensity of the ischemia (greatest when a vessel is occluded) and infarction due to the duration of ischemia. There is no evidence that coronary occlusion without infarction causes symptoms.


—, Scott, R. C., and Helm, R. A.: Right ventricular hypertrophy. II. Correlation of electrocardiographic right ventricular hypertrophy with the anatomic findings. Circulation 11: 223, 1955.


Myers, G. B.: QRS-T patterns in multiple precordial leads that may be mistaken for myocardial infarction. II. Right ventricular hypertrophy and dilatation. Circulation 1: 860, 1950.

But weightier still are the contentment which comes from work well done, the sense of the value of science for its own sake, insatiable curiosity, and, above all, the pleasure of masterly performance and of the chase. These are the effective forces which move the scientist. The first condition for the progress of science is to bring them into play.—L. J. Henderson, 1878-1942.

Hippocrates

He was the son of a famous priest-physician at an asclepieion at Kos. He grew up in a medical atmosphere and studied medicine from early childhood. He studied in all the known centers of learning, even in Egypt. This required twenty years after what corresponds to our college. Mature in years, filled with the learning of all peoples of his time, rich in experience and observation, he returned to his native island to teach and practice medicine. Hippocrates systematized all rational practices of his time. He finally and completely divorced medicine from religion. He introduced the bedside method of medicine. He introduced physical examination as an aid to diagnosis. He crystalized and formulated the code of medical ethics known as the Hippocratic oath, which is one of the most complete ethical or moral codes ever set down. He was a great writer and many of his books were the last word of authority in the most advanced medicine for over two thousand years. He recognized the real position of the physician. He said, “The physician is the hand-maiden of Nature,” and that he can but assist her.

Hippocrates lived during the age of Pericles, Aristophanes, Praxiteles, Socrates, and Plato. The time, in short, which marks the highest peak in civilization among Western peoples, the excellence of which we are in many ways beginning to appreciate and of which in many ways we have not equaled even today.—L. A. Turley. The History of the Philosophy of Medicine. Norman, University of Oklahoma Press, 1955.


Medical Eponyms

By Robert W. Buck, M.D.


“The examination of a patient who had been referred to me was the beginning of a series of determinations of the borders of the lung apices as well as the lung margins which I will briefly report here. After I had determined the anterior supraventricular margin of the lung in the usual fashion, that is by gentle percussion, I proceeded, still percussing very lightly to the posterior aspect, and thereby obtained the following results: On the right side, as on the left, there appeared a line which extended medially in a wide arch with its convexity directed inward and which approached to within a centimeter of the midline, on the left at the level of a line between the second and third thoracic spines, on the right at the level of the fourth thoracic spine. In this case the right apex was diseased . . . while the left showed a normal condition. . . . Inasmuch as I had obviously been successful in determining not only the height of the lung apices but also their breadth . . . I tried to determine similarly the lateral margin. . . . The determination of the posterior lateral border is easy in many cases, especially in thin individuals, but is frequently difficult in powerfully built, extremely muscular, or fat persons. The lateral border which I have outlined on the anterior surface is extremely trustworthy. It runs from about the middle of the anterior margin of the trapezium muscle, curves down sharply, cuts the clavicle at about the line between its middle and outer third, and then courses outward diagonally to the axilla. From the configuration of these normal clinical margins, it will now be possible, without great difficulty, to hypothesize the necessary shift which will occur when there are pathological changes in the lung apices. Diseases which reduce the air content will shift the medial border outward and the lateral border inwards.”


Acetylcholine infused into the main pulmonary artery caused a slight fall in pulmonary arterial pressure when the subject breathed ambient air, but a greater fall in pressure after pulmonary hypertension had been produced by hypoxia. The fall in pressure was associated with either a constant or an increased cardiac output. The evidence suggested that acetylcholine caused vasodilatation in the human lungs. This observation is in conflict with earlier reports of others that acetylcholine can constrict vessels of animal lungs.

Aviado
uretic effect was found among 4 carbonic anhydrase inhibitors, Diamox, Dirnate, SKF-4965, and U-4191.

The acute response to the 4 carbonic anhydrase inhibitors was approximately equal to 3 tablets (30 mg.) of oral Neohydrin given as a single dose; but continued administration of Neohydrin on consecutive days resulted in an increase in the excretion rate of sodium, while the continued administration of Diamox as well as the other carbonic anhydrase inhibitors was accompanied by a declining rate of sodium excretion.

**SUMMARIO IN INTERLINGUA**

Sub conditiones metabolic regulate a pro-vider le patiente de constant quantitates de natrium e aqua dietari, le mesuration del excretion de electrolytos e aqua insimul con determinationes de alterationes de peso permitte le evaluation comparative del potentia diuretic de oralmente administrate inhibiteores de anhydrase carbonic.

Nulle significative differentias del potentia diuretic esseva trovate inter le 4 inhibiteores de anhydrase carbonic: Diamox (acetazoleamido), Dirnato, SKF-4965, e U-4919.

Le responsa acute al 4 inhibiteores de anhydrase carbonic esseva approximativamente equal a 3 tabletas (30 mg) de chlormerodrina oral (Neohydrina) administrate in un dose unic. Sed continue administratione de Neohydrina con intervallos de un die resultava in un augmento del excretion de natrium, durante que le administration continue de Diamox e del altere inhibiteores de anhydrase carbonic esseva acompaniate de un reduction del excretion de natrium.

**REFERENCES**


The application of the principles of science to the diagnosis and treatment of disease is only one limited aspect of medical practice. 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 W. Peabody, 1881–1927.


WILLIAM STOKES (1804–1878)

William Stokes was born in Dublin in 1804, the son of the Regius Professor of Medicine in the University of Dublin. The impact of Auenbrugger’s Treatise on percussion, and the development of auscultation by Laennec aroused great interest at the time William Stokes attended medical school at Edinburgh.

In 1825 shortly before he graduated, he published the first systematic work in the English language on the use of the stethoscope. In other treatises, including that on Diseases of the Chest published in 1837, he described new diagnostic physical signs of pleural effusion and pneumonia and emphasized particularly the importance of correlating symptoms and physical signs in clinical diagnosis. He received international acclaim, including election to the National Institute of Philadelphia. On the death of his father, in 1845, Stokes was confirmed in the place he had held as locum tenens for twenty-seven years as Regius Professor of Medicine in the University of Dublin, a post which he occupied until his death.

His classic volume “The Diseases of the Heart and the Aorta” appeared in 1854 with its description of “Cheyne-Stokes Respiration” in connection with fatty degeneration of the heart. He refers to Cheyne’s earlier description but emphasizes its diagnostic importance. Stokes in this volume also referred to his published articles on the slow pulse and its association with pseudo-apoplectic attacks with liability to sudden death now designated as “Stokes-Adams Syndrome” or disease. In this volume he advocates graduated muscular exercise for the rehabilitation of cardiac patients. Admirable descriptions of pericarditis and valvular heart disease are also presented. This work was translated into German, Italian, and French.

Practically all possible honors and degrees were accorded Stokes. Throughout his medical career he maintained close friendship with another illustrious member of the Dublin medical profession, Robert Graves. It was in large measure due to their combined efforts that the system of clinical instruction of the Dublin School of Medicine acquired world-wide fame. The statue of William Stokes, unveiled in 1876, two years before his death, now stands in the hall of the Royal College of Physicians in Dublin.—Ed.


A dose of hydergine or priscol was injected down the catheter into the main stem of the pulmonary artery of 9 patients with mitral stenosis, 1 with mitral stenosis and regurgitation, 1 with mitral stenosis and aortic stenosis, 1 with pulmonary heart disease and 1 with pulmonary stenosis. Hydergine produced no constant effect on cardiac output, pulmonary arterial pressure, or pulmonary resistance. There was no evidence that it was a pulmonary vasodilator. Priscol had a variable effect except for an invariable increase in heart rate. Priscol also occasionally raised pulmonary artery pressure, perhaps by a direct effect upon arterial smooth muscle. It is therefore potentially dangerous in persons with pulmonary hypertension.

Soloff
A case of bacterial endocarditis due to Brucella abortus engrafted on a previous rheumatic valvular lesion has been described. It is of interest because treatment of the disease with aureomycin and streptomycin was successful.

Summarlo in Interlingua

Es describite un caso de endocarditis bacterial causate per Brucella abortus, graffate super un previe lesion valvular rheumatic. Le caso es interessante proque le tractamento del morbo con aureomycina e streptomycina esesva un successo.

References


Most dogs survived ligation of all the major arterial vessels that supply the brain if these were tied in the neck. Ligation of 3 arteries had little clinical effect. After ligation, anastomotic branches were demonstrated by injections of liquid vinyl acetate. The main vessels providing the anastomoses after ligation were observed to be branches of the costocervical and omocervical arteries that join muscular branches of the vertebral arteries. This technic did not demonstrate anastomoses in the carotid system.

Oppenheimer