stressed, because it is an insidious disease and frequently overlooked clinically, is chronic interstitial nephritis (pyelonephritis) which, when sufficiently severe, brings about the excretory failure of kidneys previously the seat of only arterial and arteriolar sclerosis and determines the development of the malignant phase. The other complicating renal diseases which may have the same effect are glomerulosclerosis and various types of glomerulonephritis, which, when superimposed upon renal arterial and arteriolar sclerosis, of even moderate degree, may precipitate the change from the benign to the malignant phase. Interstitial nephritis (pyelonephritis), however, does this far more frequently; and some of the histologic features of the kidneys, such as the focal glomerulitis and the proliferative endarterial fibrosis and elastosis of vessels larger than arterioles, frequently regarded as specific for malignant nephrosclerosis, are really characteristics of the chronic pyelonephritis that helps to bring about the accelerated hypertension. Less commonly, the malignant phase occurs as a result of the development of arteriolar sclerosis or periarteritis nodosa in an individual with a previously existent chronic bilateral pyelonephritis and its accompanying glomerular and vascular disease.

The importance of the part played by interstitial nephritis as one of the possible causes of malignant hypertension cannot be stressed too greatly because it promises possible treatment, and even prevention, of the most common pathologic condition responsible for bringing about the change from the benign to the malignant phase of essential hypertension.

Harry Goldblatt

As the student, fresh from the schools, and proud of his supposed superiority in the refinements of diagnosis, advances into the stern realities of practice, he will be taught greater modesty and a more wholesome caution: he will find, especially in chronic disease, that important changes may exist without corresponding physical signs,—that as disease advances, its original special evidences may disappear,—that the signs of a recent and trivial affection at one portion of the heart may altogether obscure or prevent those of a disease longer in standing and much more important,—that functional alteration may not only cause the signs of organic lesion to vary infinitely, but even to wholly disappear,—that the signs on which he has formed his opinion to-day may be wanting to-morrow,—and lastly, that to settle the simple question between the existence of functional and that of organic disease will occasionally baffle the powers of even the most enlightened and experienced physician.—William Stokes. The Diseases of the Heart and the Aorta. Dublin, 1854.
que le dimensiones cardiac representa un factor plus importante ab le puncto de vista del supervivientia.

REFERENCES


The Foxglove when given in very large and quickly-repeated doses, occasions sickness, vomiting, purging, giddiness, confused vision, objects appearing green or yellow; increased secretion of urine with frequent motions to part with it, and sometimes inability to retain it; slow pulse, even as slow as 35 in a minute, cold sweats, convulsions, syncope, death.—William Withering. An Account of the Foxglove, and Some of Its Medical Uses. Birmingham, 1785.
RHEUMATIC HEART DISEASE IN THIRD-FIFTH DECADES OF LIFE

49 annos esseva functionalmente in le classification I. Le majoritate del patientes con stenosis e insufficientia mitral sin o con associate morbo aortic sed con marcate grados de allargamento cardiac esseva functionalmente in le classificationes II, III, o IV.

Le reside insulto cardiac experienciate durante le 2 prime decennios del vita—specialmente le grado del allargamento cardiac—es apparentemente le major factor de influentia super le morbidity e mortalitate durante le tertie, quarte, e quinte decennios.

REFERENCES


6 Smith, H. L.: The relation of the weight of the heart to the weight of the body and of the weight of the heart to age. Am. Heart J. 4: 79, 1928.

FORTHCOMING ARTICLES

Katz, L. N.: Rehabilitation of the Cardiac Patient.
necessary pro demonstrar que le reduction del cholesterol del sero occurrente in coincidentia con le ingestion de sitosterol es plus grande que le fluctuationes del nivellos de cholesterol seral que occurre in patientes con atherosclerosis coronari.

REFERENCES


Observations in 76 patients of various ages are described briefly. Hypothermia of 28 to 32 C. was achieved in each by using a water-cooled mattress and infusing trimethaphan camphorsulfonate (Arfonad). Less anesthesia was required and surgery was better tolerated by the cooled individual. Intra- and postoperative adrenal cortical response was less as indicated by a smaller rise in the plasma level of 17 hydroxycorticosteroids, greater urinary sodium loss and greater diuresis of a water load. Ventricular irritability increased and premature contractions appeared in over one half of the patients; trimethaphan administration suppressed this disturbance. Hypothermia is advocated as a protective adjunct in the major surgical management of the poor-risk person.

Rogers
which there is pulmonary stenosis or pulmonary atresia. J.A.M.A. 128: 189, 1945.


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Medical Eponyms

By Robert W. Buck, M.D.


"The amount of oxygen taken from the air by an animal during a given time is measured as well as the amount of carbon dioxide given off. During the experimental period, a sample of arterial and one of venous blood is also taken. The oxygen content and carbon dioxide content is measured in both. The difference between the two oxygen measurements reveals how much oxygen each cubic centimeter of blood has taken up in its passage through the lungs, and thus we know the total amount of oxygen taken up during a definite period of time. Consequently the number of cubic centimeters of blood which passed through the lungs during this time may be reckoned, or if we divide by the number of heart beats during this period of time, we may determine how many cubic centimeters of blood were put out with each cardiac systole."
tempore del catheterisation cardiac debe provar se de adjuta definite in le diagnose de congenite morbo cardiac.

ACKNOWLEDGMENT

The authors wish to acknowledge the gracious assistance of the American Lava Corporation, the United States Stoneware Company, the Heiland Division of the Minneapolis-Honeywell Regulator Company, and the Kay Electric Company. We also wish to thank Rear Admiral S. B. Spangler, USN, Commander, U. S. Naval Air Development and Material Center for his support and encouragement and Dr. Samuel Bellet, Director, Division of Cardiology, Philadelphia General Hospital, for his advice and valuable criticisms in the preparation of the manuscript.

REFERENCES


Human tissues obtained at necropsy from patients with rheumatoid arthritis, disseminated lupus erythematosus, dermatomyositis, glomerulonephritis, periarteritis nodosa, and tissues obtained at operation from patients with appendicitis and placentas obtained at delivery as well as biopsied rheumatic nodules and muscle from patients with dermatomyositis, were studied to detect the presence of fibrinoid. Thin sections of the tissue were stained with rabbit antihuman fibrin antisera labeled with fluorescein. Other sections of these tissues were stained with conventional stains to detect fibrinogen and fibrin in the tissue. The fluorescent antibody method for staining to detect fibrin was much more sensitive than conventional stains. Fibrin deposited as fibrinoid was not restricted to collagen diseases, but was found in other inflammatory conditions as well. Further, the interaction of fibrin with dyes was dependent upon the medium in which the conversion of fibrinogen to fibrin occurred. This reaction is enhanced by albumin. It is considered that interstitial albumin is increased locally by the inflammatory processes, and this may be one of the parameters for the production of the dye-positive form of fibrin.

Harvey
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5 —: The Design of Experiments. Edinburgh, Oliver and Boyd, 1935.


10 Mainland, D., Herrera, L., and Sutcliffe, M. I.: Statistical Tables for Use with Binomial Samples—Contingency Tests, Confidence Limits and Sample Size Estimates. Department of Medical Statistics, New York University College of Medicine, 1956. (Obtainable from the Department.)


Ventricular fibrillation has been studied by driving the ventricles of the isolated rabbit heart electrically and observing whether fibrillation persisted after stimulation was stopped. When the heart was perfused with a solution containing only 25 per cent of the normal content of potassium ions, it soon passed into fibrillation which could be arrested by the addition of potassium ions or adenosine triphosphate, but prolonged by dinitrophenol. The results support the theory that fibrillation depends on disturbances of the metabolic processes concerned with ion movements. It is proposed that fibrillation is due to passage of potassium ions out of the cell, which is reversed by perfusing with additional potassium ions.

Aviado


The material in this report came from patients dying in the hospital or at home under the care of physicians associated with the clinic or from autopsies done at the request of the coroner's office. Studies included cutting cross sections of epicardial vessels at regular intervals of 3 to 5 mm. and making transverse slices of the ventricles with microscopic examination of muscle from portions of the ventricles supplied by all branches of the coronary arteries. Significant coronary lesions were found in these patients, the highest incidence being in the age range from 50 to 59 years, where 75 per cent of the individuals had lesions. A correlation is made with the clinical circumstances of coronary artery disease. The author points out that in those patients with coronary artery disease and acute myocardial infarctions clinically, the mechanism of death is difficult to establish. Of 133 patients studied, 57 or 43 per cent died with evidence of myocardial failure. Thirty-one or 23 per cent of the patients died with repeated attacks of chest pain and without evidence of myocardial failure. This was diagnosed as coronary failure and there was no pathologic evidence of new infarction. Twenty or 15 per cent of the patients died of rupture of the heart. The rupture of the heart resulted first from a dissection in the endocardium with bleeding into the myocardium, and a final dissection of the hematoma through the epicardium into the pericardial space. In the 133 patients, only 8 who died had associated thromboembolic complications. In 250 patients with coronary artery disease in whom acute infarction had occurred in the past, 64 or 26 per cent died suddenly without evidence of repeated myocardial infarction. The author stresses that patients with coronary artery disease, including patients with healed myocardial infarction may die on the presumed basis of acute myocardial ischemia without infarction.

Harvey
ASSOCIATION AWARDS PRESENTED TO PHYSICIANS AND LAYMEN

Among the honors conferred on physicians, scientists and laymen in recent months by the American Heart Association for outstanding service in advancing the Heart program and for achievement in cardiovascular research were the following:

GOLD HEART AWARDS

Recipients of the Gold Heart Awards, highest award of the Heart Association for outstanding contributions to cardiovascular medicine and to the Heart organization, were Irving S. Wright, M.D., Past President of the American Heart Association; Irving B. Hexter, Cleveland publisher; and television star Ralph Edwards.

Dr. Wright, Professor of Clinical Medicine at Cornell University Medical College, has long been an outstanding leader in both the national Association and the New York Heart Association. A member of the Board of Directors of both groups, he is also Chairman of the national Association’s Publications Committee and serves on the Editorial Board of Circulation.

Mr. Hexter, President of the Industrial Publishing Company, Cleveland, is a Vice President and Board member of the Association. He has been Secretary of the national Association, Chairman of the Board of the Ohio State Heart Association and Chairman of the Board of Trustees of the Cleveland Area Heart Society.

A special Gold Heart Award was presented to Ralph Edwards to commemorate the tenth anniversary of his “Walking Man” radio contest which raised the funds required to launch the Association as a voluntary health agency.

LASKER AWARD

Isaac Starr, M.D., former Dean of the University of Pennsylvania School of Medicine, received the Albert Lasker Award of the American Heart Association for distinguished achievement in the field of cardiovascular research and particularly for his influence in helping to develop today’s vastly changed concepts of congestive heart failure. Tribute was paid to Dr. Starr for his numerous achievements as a physiologist, pharmacologist, clinician, research scientist, teacher and, above all, as an independent thinker. He is Hartzell Research Professor of Therapeutics at the University of Pennsylvania School of Medicine and serves on the Editorial Board of Circulation. The award, consisting of a statuette of the Winged Victory of Samothrace and an honorarium of $2,500, is given annually by the Albert and Mary Lasker Foundation through the American Heart Association.

SPECIAL CITATIONS TO NOBEL PRIZE LAUREATES

Special citations also were presented to three Nobel Prize winners, André Cournand, M.D. and Dickinson Richards, M.D. of New York and, in absentia, Werner Forssmann, M.D., Germany, for catheterization of the heart and research carried out by means of catheterization.

All of the above awards were presented at the Annual Meeting and Scientific Sessions of the American Heart Association in Chicago, October 25–29.

BLAKESLEE AWARD WINNERS

Five winners of the 1957 Howard W. Blakeslee Awards of the Heart Association for outstanding reporting in the field of heart and circulatory diseases were honored at a special luncheon in New York on October 5. New advances in heart surgery were featured by four of the five winners in the categories of national news syndicates, local newspapers, national magazines and television.

Recipients of the Blakeslee Awards, each of which includes an honorarium of $500, are as follows:
Leonard Engel, free lance writer, for a series on cardiac surgery published by the North American Newspaper Alliance.

Walter Bazar, New York Journal American, for a series on heart research and advances in treatment, including surgery, entitled, "New Hope for Your Heart."

Don Dunham, Cleveland Press, for his spot news report on the first "stopped heart" operation, performed at the Cleveland Clinic.

Steven M. Spencer, for his article in the Saturday Evening Post, "They Repair Damaged Hearts," a comprehensive review of advances in heart surgery.

"Robert Montgomery Presents," for the NBC-TV presentation, "The Long Way Home," a one-hour dramatization about a man who suffered a heart attack and his subsequent recovery.

WORLD CONGRESS OF CARDIOLOGY ABSTRACTS DUE BEFORE FEBRUARY

The American Heart Association will receive abstracts from those persons in the United States who wish to present papers at the Third World Congress of Cardiology to be held in Brussels, Belgium, September 14–21, 1958. Summaries of the papers, consisting of 200 typewritten words in English and a translation in French, Spanish or German, must be in the Heart Association's national office, 44 E. 23rd St., prior to February 1, 1958. Participants who reside in a country outside the United States which has no National Society of Cardiology should address abstracts and translations to the Secretary of the Congress, Dr. F. Van Dooren, 80 Rue Mercelis, Brussels, Belgium.

Registration for attendance at the Third World Congress of Cardiology is open to members of the various national societies and associations engaged in the study and control of cardiovascular disease as well as to physicians and scientists residing in countries where no national society of cardiology has been established. American physicians who attended the Second World Congress in Washington (1954) will receive a pamphlet on the Third Congress and application forms. Further information on the forthcoming Congress may be obtained from the American Heart Association or from Secretary Van Dooren in Brussels.

HEART ASSOCIATION ISSUES VARICOSE VEINS BOOKLET

A new illustrated booklet, entitled, "Varicose Veins," has been published by the Association. Intended primarily for distribution by physicians to patients with this condition and their families, the booklet emphasizes that the physician should be consulted early whenever varicose veins are suspected. If the physician is seen in time, it points out, he can often ward off serious damage resulting from this condition.

Single copies of the booklet are available free of charge from the American Heart Association and local Heart Associations.

BRAZIL CARDIOLOGY CONGRESS ELECTS NEW DIRECTORS

The 1960 Inter-American Meeting of the Brazilian Congress of Cardiology will be held in Rio de Janeiro, it was announced at the 14th Brazilian Congress of Cardiology held last July 7–13. The Society elected the following new officers for the 1957–58 term: President A. de Carvalho Azevedo, M.D.; Vice President, Prof. Rubens Maciel; General Secretary, Robinson Roubach, M.D.; Treasurer, G. Strunck, M.D.; Sub-Secretary, Adão G. Mattos, M.D.

GRANTS AVAILABLE TO STUDY ASIAN FLU HEART EFFECTS

The National Advisory Heart Council has recommended that the National Heart Institute encourage research on the effects of Asian Influenza upon the cardiovascular system. National Heart Institute research grants are available on a competitive basis to investigators wishing to study the cardiovascular-renal effects of influenza.

Research grant applications will be processed as rapidly as possible. Applications may be obtained by writing to Herman E. Schmid, Jr., M.D., National Heart Institute, Bethesda 14, Md.

MEETINGS CALENDAR

December 6–7: American Federation for Clinical Research, Eastern Section, New Haven, Conn.
Franklin H. Epstein, M.D., Department of Internal Medicine, Yale University School of Medicine, 333 Cedar Street, New Haven 11, Conn.


January 24, 1958: American Federation for Clinical Research, Southern Section, New Orleans. Kenneth R. Crispell, M.D., Department of Internal Medicine, University Hospital, Charlottesville, Va.

January 29–30: American Federation for Clinical Research, Western Section, Carmel, California. Monte A. Greer, M.D., University of Oregon Medical School, Portland, Ore.


March 20–22: Chicago Heart Association, Conference on Pulmonary Circulation, Palmer House, Chicago. Wright Adams, M.D., Department of Medicine, University of Chicago, Chicago 37, Ill.

ABROAD

January 7–10, 1958: Third International Symposium on Radioactive Isotopes in Clinical Application and Research, Bad Gastein, Austria. The Second Medical Clinic, Vienna University, Vienna, Austria.

January 21–February 14: International Union of Biochemistry, General Assembly, Vienna, Austria. Prof. R. H. J. Thompson, Department of Chemical Pathology, Guy’s Hospital Medical School, London, S.E. 1, England.

September 14–21, 1958: Third World Congress of Cardiology, Brussels. Dr. F. Van Dooren, 80 Rue Mercelis, Brussels, Belgium.