EDITORIAL


'The knowledge which a man can use is only real knowledge, the only knowledge which has life and growth in it, converts itself into practical power. The rest hangs like dust about the brain or dries like rain-drops off the stones.' (Froude)—WILLIAM OSLER, M.D. After Twenty-five Years. Montreal Med. Journal, 1899.


Neither is it true which is commonly believ'd, that the heart by any motion or distention of its own doth draw blood into the ventricles, but that whilst it is moved and bended, the blood is thrust forth, and when it is relax'd and falls, the blood is received in manner as follows.—William Harvey. De Motu Cordis, 1628.
The credit of pointing out the analogy between this condition and angina pectoris, which is ascribed usually to Pottain (1870), but which is maintained by Weber to be due to Brodie (1846), belongs in reality to Allan Burns, whose Observations on Some of the Most Frequent and Important Diseases of the Heart (1809) is a well-known storehouse of interesting facts. Since, so far as I know, this distinguished writer's connection with this supposed new theory has not been pointed out (except in the second edition of my Practice), I will read to you in full what he says on the subject: "Such a state of the arteries of the heart (referring to atheroma) must impair the function of that organ. It has been long known, that although the heart is always full of blood, yet it can not appropriate to its own wants a single particle of fluid contained in its cavities. On the contrary, like every other part, it has peculiar vessels set apart for its nourishment. In health, when we excite the muscular system to more energetic action than usual, we increase the circulation in every part, so that to support this increased action the heart and every other part has its power augmented. If, however, we call into vigorous action a limb round which we have with a moderate degree of tightness applied a ligature, we find that then the member can only support its action for a very short time, for now its supply of energy and its expenditure do not balance each other; consequently, it soon, from a deficiency of nervous influence and arterial blood, fails and sinks into a state of quiescence. A heart, the coronary vessels of which are cartilaginous or ossified, is in nearly a similar condition; it can, like the limb begirt with a moderately tight ligature, discharge its functions so long as its action is moderate and equal. Increase, however, the action of the whole body, and along with the rest that of the heart, and you will soon see exemplified the truth of what has been said, with this difference, that as there is no interruption to the action of the cardiac nerves, the heart will be able to hold out a little longer than the limb.

"If a person walks fast, ascends a steep, or mounts a pair of stairs, the circulation in a state of health is hurried, and the heart is felt beating more frequently against the ribs than usual. If, however, a person, with the nutrient arteries of the heart diseased in such a way as to impede the progress of the blood along them, attempt to do the same, he finds that the heart is sooner fatigued than the other parts are, which remain healthy. When, therefore, the coronary arteries are ossified, every agent capable of increasing the action of the heart, such as exercise, passion, and ardent spirits, must be a source of danger."—William Osler, M.D. Lectures on Angina Pectoris and Allied States, 1897.
REFERENCES


Medical Eponyms

By Robert W. Buck, M.D.

Biot's Breathing. Camille Biot, while interne at Lyon, made a “Contribution to the Study of the Cheyne-Stokes Respiratory Phenomenon” (Contribution à l'étude du phénomène respiratoire de Cheyne-Stokes) which appeared in the Lyon Médical 23: 517-528 (December 10), 561-567 (December 17), 1876. In postscript he says:

“It would seem... that in meningitis the respiration is not truly Cheyne-Stokes in type, but a somewhat similar form which is more or less regular.”

His observations were continued and published in a volume entitled Clinical Experimental Studies of Cheyne-Stokes Respiration (Etude clinique et expérimentale sur la respiration de Cheyne-Stokes), Paris, 1878. In this volume he concludes (page 19):

“The meningitic or encephalitis type of breathing... is characterized by an aperiodic irregularity, by irregular pauses and sighs, without any phases of gradual increase or diminution in the respiratory movements before and after the pauses.”
REFERENCES


Truly America has a great future before her; great in toil, in care, and in responsibility; great in true glory if she be guided in wisdom and righteousness; great in shame if she fail. I cannot understand why other nations should envy you, or be blind to the fact that it is for the highest interest of mankind that you should succeed; but the one condition of success, your sole safeguard, is the moral worth and intellectual clearness of the individual citizen. Education cannot give these, but it may cherish them and bring them to the front in whatever station of society they are to be found; and the universities ought to be, and may be, the fortresses of the higher life of the nation.—THOMAS H. HUXLEY. American Addresses with a Lecture on the Study of Biology. London, MacMillan and Co., 1877, p. 126.


The physician needs a clear head and a kind heart; his work is arduous and complex, requiring the exercise of the very highest faculties of the mind, while constantly appealing to the emotions and finer feelings. WILLIAM OSLER.—Teaching and Thinking. Montreal Med. Journal, 1895.
gram taken 3 weeks later showed less marked T-wave changes.

Ten days after operation the apical impulse was less thrusting and without the previous double quality. The heart sounds were normal, the loud variable systolic click having disappeared. There was a grade II systolic murmur at the apex.

The patient was discharged from the hospital 21 days after the operation and she returned to Montana by car 1 week later.

ADDENDUM

For 2 months after surgery the patient has been leading the normal life of a housewife.

REFERENCES


It is a common error to think that the more a doctor sees the greater his experience and the more he knows. No one ever drew a more skilful distinction than Cowper in his oft-quoted lines, which I am never tired of repeating in a medical audience:

Knowledge and wisdom, far from being one,
Have oft-times no connexion. Knowledge dwells
In heads replete with thoughts of other men;
Wisdom in minds attentive to their own.
Knowledge is proud that he has learned so much;
Wisdom is humble that he knows no more.—WILLIAM OSLER, M.D.


**CLINICAL EXPERIENCE**

Others' follies teach us not,
Nor much their wisdom teaches;
And most, of sterling worth, is what
Our own experience preaches.

—Tennyson: *Will Waterproof's Lyrical Monologue.*

From C. Sidney Burwell, M.D., and James Metcalfe, M.D. *Heart Disease and Pregnancy. Physiology and Management.* Boston, Little, Brown and Company, 1958, p. 44.
to exercise in the supine position while breathing oxygen. J. Appl. Physiol. 11: 129, 1957.

The study of physiology and pathology within the past half-century has done more to emancipate medicine from routine and thraldom of authority than all the work of all the physicians from the days of Hippocrates to Jenner, and we are as yet upon the threshold.—WILLIAM OSLE, M.D. Medicine in the Nineteenth Century. New York Sun, 1901.
COARCTATIONS OF THE AORTA


The great republic of medicine knows and has known no national boundaries, and post-graduate study in other lands gives that broad mental outlook and that freedom from the trammels of local prejudice which have ever characterized the true physician.—WILLIAM OSLER, M.D. The Importance of Post-Graduate Study. Lancet, 1900.
ABERRANT LEFT CORONARY ARTERY


40. Henke: quoted by Kauitz, P. E.23


I cannot say that I am in the slightest degree impressed by your bigness, or your material resources, as such. Size is not grandeur, and territory does not make a nation. The great issue, about which hangs a true sublimity, and the terror of overhanging fate, is what are you going to do with all these things?—Thomas H. Huxley. American Addresses with a Lecture on the Study of Biology. London, MacMillan and Co., 1877, p. 125.
cardiac. Es discutite le valor de reconociscer le alteremente inapparente currente intracardiac que es determinate per le injurias presente. Le signification diagnosis de certe circumscripte variantes in le comportamento electric del endocardio es brevemente delineate.

REFERENCES

Up to the last 25 years, Cardiology has remained in the hands of physicians with long training at the bedside and the various instrumental methods of investigation devised by Von Basch, Mackenzie, Roentgen, and Einthoven could all be applied by the physician himself directly to his patients, so that the information they provided was incorporated into the clinical picture as a whole and assessed in proper perspective. But today, we are more and more employing instrumental methods which require technical experts to operate them, and which appertain to the Laboratory rather than to the Clinic. Indeed the term “Cardio-vascular Laboratory is already in current use.— EVAN BEDFORD. Address of the President of the European Society of Cardiology, 11rd World Congress of Cardiology, Brussels, September 14-21, 1958, p. 29.
ATHEROSCLEROSIS IN POLAND


62. Ciwicka, M.: Wpływ diety ubogotłuszczowej i oleju sojowego na poziom cholesterolu, fosfolipidów i beta lipoprotein w miażdżycy. (The influence of low fat diet and soya bean oil upon the level of cholesterol, phospholipids and beta lipoproteins in atherosclerosis.) In press.


All knowledge is good. It is impossible to say that any fragment of knowledge, however insignificant or remote from one's ordinary pursuits, may not some day be turned to account. But in medical education, above all things, it is to be recollected that, in order to know a little well, one must be content to be ignorant of a great deal.—THOMAS H. HUXLEY. American Addresses with a Lecture on the Study of Biology. London, MacMillan and Co., 1877, p. 113.