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THE TORCH BEARERS

ALFRED NOYES

English poet, 1880-

Herschel

Who that once has seen

How truth leads on to truth, shall ever dare


To Morgagni, not Rougnon, is due the credit of the first description of a single case. In the splendid section on aneurysm of the aorta, he describes angina pectoris accurately in Case V, referring to the paroxysms, the pain, the difficulty of breathing, the numbness of the left arm, and the effect of exertion. I read you here extracts from the case.

"A lady, forty-two years of age, who for a long time had been a valetudinarian, and within the same period, on using pretty quick exercise of body, she was subject to attacks of violent anguish in the upper part of the chest on the left side, accompanied with a difficulty of breathing and numbness of the left arm; but these paroxysms soon subsided, when she ceased from exertion. In these circumstances, but with cheerfulness of mind, she undertook a journey from Venice, purposing to travel along the continent, when she was seized with a paroxysm, and died on the spot. I examined the body on the following day... The aorta was considerably dilated at its curvature; and, in places through its whole tract, the inner surface was unequal and ossified. These appearances were propagated into the arteria innominata. The aortic valves were indurated." He remarks: "The delay of blood in the aorta, in the heart, in the pulmonary vessels, and in the vena cava, would occasion the symptoms of which the woman complained during life; namely, the violent uneasiness, the difficulty of breathing, and the numbness of the arm. (Cooke's Morgagni).—William Osler, M.D. Lectures on Angina Pectoris and Allied States, 1897.
Summary
Neither chlorothiazide alone nor ganglionic-blocking agents plus reserpine represented effective treatment in the 11 patients with severe hypertension studied here. The addition of chlorothiazide to ganglionic-blocking agents plus reserpine reversed the accelerated phase of hypertension in each of these patients. Once papilledema had cleared and retinal hemorrhages had regressed, it was possible to substitute hydralazine or veratrum for the ganglionic-blocking agents in these patients.

Chlorothiazide alone and veratrum or hydralazine plus reserpine were both found effective in controlling 50 per cent of the patients with moderately severe hypertension. The addition of chlorothiazide to either of these agents resulted in satisfactory control of the arterial pressure in all the patients with moderately severe hypertension. Once a hypotensive effect had been attained with veratrum or hydralazine, these agents could be withdrawn and antihypertensive therapy continued with reserpine plus chlorothiazide.

Summario in Interlingua
Ni chlorothiazido sol ni agentes de blocage ganglionic in combination con reserpina esseva efficae como medication in le 11 patientes con sever hypertension qui es hic studiate. Le addition de chlorothiazido a agentes de blocage ganglionic e reserpina reverteva le phase accelerate de hypertension in omne iste patientes. Post que le papilledema se habeva resolvite e post que le hemorrhagias retinal habeva regredite, il esseva possibile in iste patientes reimplaciar le agentes de blocage ganglionic per hydralazina o veratrum.

Chlorothiazido sol e veratrum o hydralazina in combination con reserpina se monstrava ambes efficace in le stabilisation del processo pathologic de 50 pro cento del patientes con hypertension de grados moderately sever. Le addition de chlorothiazido a iste agentes individual resultava in un satisfacente stabilisation del tension arterial in omne le patientes con hypertension de grados moderamente sever. Post que un effecto hypotensive habeva essite establite per medio de veratrum o hydralazina, iste agentes poteva esser eliminate, e le therapia antihypertensive poteva esser continue con reserpina in combination con chlorothiazido.

References

Hence it sometimes happens that, when the lumen of some artery has been too long obstructed or ligated, the blood busies itself in opening a wider channel for its passage in this vessel, must drive and buffet all the more into the next ones, until it has considerably dilated them to give itself room.—Richard Lower, Tractatus de Corde, 1669.
terial pulse contour has been related in a general way, both experimentally and clinically, to the severity of stenosis. Therefore, the present observation suggests that the degree of stenosis is relatively exaggerated during certain beats. While it is possible that variations in stroke output might be, in part, the basis for this variation, the idea that the resistive force opposing outflow is in a sense variable, depending on the force of ventricular contraction, is a more attractive hypothesis.

The possibility exists that a relatively fixed systemic arterial systolic pressure level in the presence of an irregular pulse may be an additional clinical reflection of severe aortic stenosis.

Summary

In aortic stenosis with an irregular pulse, a relatively less variable or almost constant peripheral arterial peak systolic pressure is described in association with marked variation in left ventricular systolic pressure. Possible mechanisms for this phenomenon are discussed.

Acknowledgment

We are indebted to the Attending Physicians for permitting us to make use of data on their patients, and to Dr. Louis N. Katz for his advice in the preparation of this report.

Summario in Interlingua

In stenosis aortis con irregolaritates del pulso, un relativemente minus variabile o quasi constante maximo del tension systolic periphero-arterial es describite in association con marcate variationes del tension systolic sinistro-ventricular. Mechanismos possibile de iste phenomeno is discutite.

References


I think that knowledge of every kind is useful in proportion as it tends to give people right ideas, which are essential to the foundation of right practice, and to remove wrong ideas, which are the no less essential foundations and fertile mothers of every description of error in practice. And inasmuch as, whatever practical people may say, this world is, after all, absolutely governed by ideas, and very often by the wildest and most hypothetical ideas, it is a matter of the very greatest importance that our theories of things, and even of things that seem a long way apart from our daily lives, should be as far as possible true, and as far as possible removed from error.—Thomas H. Huxley. American Address with a Lecture on the Study of Biology. London, MacMillan and Co., 1877, p. 142.
REFERENCES


5. —: Heart Sounds, Cardiac Pulsations, and Coronary Disease. Lawrence, University of Kansas Press, 1956.


Thou, wondrous Harvey, whose Immortal Fame,
By thee instructed, grateful Schools proclaim,
Thou, Albion's Pride, didst first the winding Way,
And circling Life's dark Labyrinth display.
Attentive from the Heart thou didst pursue
The starting Flood, and keep it still in view,
Till thou with Rapture saw'st the Channels bring
The Purple Currents back, and from the Vital Ring

SIR RICHARD BLACKMORE, Creation. A Philosophical Poem Demonstrating the Existence and Providence of a God. In Seven Books. 8vo. London, 1712. [Blackmore, who went from schoolmaster to physician in ordinary to William III ("His pupils grew blockheads and his patients died.") was violently attacked by Pope, Dryden and Swift, but nothing gagged his muse, and the equally intemperate praise lavished on the "Creation" by Dr. Johnson, Addison and Dennis seemed to justify him.]


The various organs, the diseases of which are subdivided for treatment, are not isolated, but complex parts of a complex whole, and every day's experience brings home the truth of the saying, 'When one member suffers all the members suffer with it.' Plato must have discussed this very question with his bright friends in the profession—Eryximachus, perhaps—or he never could have put the following words in the mouth of Socrates:

'I dare say that you may have heard eminent physicians say to a patient who comes to them with bad eyes, that they cannot cure the eyes by themselves, but that if his eyes are to be cured, his head must be treated: and then again they say that to think of curing the head alone and not the rest of the body also, is the height of folly. And arguing in this way they apply their methods to the whole body, and try to treat and heal the whole and the part together. Did you ever observe that this is what they say?'—WILLIAM OSLER, M.D. Remarks on Specialism. Boston Med. & Surg. Journal, 1892.
Benzmalacene to alter the lipid economy of the body for better or for worse.

We believe that drugs such as this one should be carefully studied in animals for long periods and in a few select patients before they are used in the hopes of preventing atherosclerosis.

**Summary**

Benzmalacene [N-(1-methyl-2,3-di-p-chlorophenylpropyl-maleamic acid)] effectively lowers blood cholesterol levels in most hypertensive patients but with some weight loss. Cholesterol was lowered in some hypercholesteremic patients but not in all and this occurred without weight loss. In 2 hypercholesteremic patients a sharp rise in triglycerides occurred while the cholesterol: phospholipid ratio fell and the free: total cholesterol ratio rose. Liver function as measured by bromsulfalein after 4 months’ treatment had deteriorated in 8 of the 12 patients studied. Nausea, epigastric discomfort, and diarrhea were on occasion sufficiently discomforting to require discontinuing the drug. Drugs that interfere with cholesterol synthesis should be studied with great care for long periods before their widespread use in an attempt to prevent atherosclerosis.

**Summario in Interlingua**

Benzmalacena reduce efficacemente le nivellos sanguinee de cholesterol in le majoritate del patientes hypertensive, sed illo effec-tua un leve perdita de peso. Le nivellos de cholesterol eseva reduceite in alieun patientes con hypercholesterolemia, sed non in omnes, e isto occurreva sin perdita de peso. In 2 patientes con hypercholesterolemia un marcate augmento de triglyeeridos occurreva, durante que le proportion de cholesterol a phospholipido descendeva e le proportion de cholesterol libere a cholesterol total montava. Le function hepatic, mesurate per bromosulfaleina post 4 menses de tractamento, se monstrava deteriorate in 8 ex 12 patientes studiate. Nausea, disconforto epigastric, e diarrhea eseva a vices sufficientemente disturbante pro requirer le interruption del therapia. Drogas que disrumpe le synthese de cholesterol deberea esser studiate cautisimemente e durante prolongate periodos de tempore ante que illos es usate extensemente como agentes in le prevention de athero-sclerosis.

**References**

5. —: Personal communication.
Exercise must be taken within the limits which each individual soon learns to recognize. In severe recurring attacks induced by slight muscular efforts, a period of absolute rest should be enjoined. The sudden, quick movements which rapidly increase the blood pressure and throw a strain upon the heart are the most dangerous; and most of all those with which are associated strong emotions. The patients should be urged to walk on the level, in the literal as well as metaphorical meaning of the phrase. He should learn “to live within the income of his circulation,” with which wise saw from the lips of the late Dr. Sibson a friend with organic heart disease has been comforted and sustained for a quarter of a century.—William Osler, M.D. Lectures on Angina Pectoris and Allied States, 1897.

The subject of the encouragement, or, as it is sometimes called, the endowment of research, has of late years greatly exercised the minds of men in England. Many seem to think that this question is mainly one of money; that you can go into the market and buy research, and that supply will follow demand, as in the ordinary course of commerce. This view does not commend itself to my mind. My own conviction is admirably summed up in the passage of your president's address, "that the best investigators are usually those who have also the responsibilities of instruction, gaining thus the incitement of colleagues, the encouragement of pupils, and the observation of the public."—Thomas H. Huxley. American Addresses with a Lecture on the Study of Biology. London, MacMillan and Co., 1877, p. 120.


The data obtained from 33 simultaneous catheterizations of the left and right heart performed in 26 individuals (3 with normal cardiovascular systems, 12 with mitral stenosis, and 11 with aortic stenosis) are presented. In each patient, cardiac output and pressure gradients were obtained simultaneously and the orifice size was calculated. In mitral stenosis, a ventricular filling pressure gradient was found as a constant physiologic abnormality. Evaluation of the degree of stenosis, however, required a knowledge of the pressure-flow relationships as well as the gradient, since the latter was found to be influenced by the rate of blood flow across the mitral valve. The pressures within the pulmonary circuit were not necessarily a measure of the degree of stenosis. When the degree of mitral obstruction and the pulmonary vascular resistance were constant, the rate of blood flow varied with the height of the pulmonary artery pressure. When the degree of mitral obstruction and the rate of blood flow across the valve were constant, the degree of pulmonary vascular resistance was reflected by the height of the pulmonary artery pressure. In aortic stenosis, a pressure gradient across the aortic valve during ventricular systole was constantly found. In general the systemic blood flow was reduced and was a function of the pressure gradient and the degree of aortic obstruction. The gradient alone was not an accurate measure of the degree of obstruction. As a result of the ventricular hypertrophy in aortic stenosis the pressure-volume elasticity relationship of the left ventricle was altered, but this did not correlate with clinical left ventricular failure. The applicability of combined heart catheterization in evaluating patients for cardiac surgery and surgical technics for correction of stenotic lesions is demonstrated.

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Harvey and Sydenham, types of the scientific and the practical physician, though contemporaries, were uninfluenced, so far as we know, by each other's work or method. Harvey had little reputation as a practical physician, and Sydenham cared little for theories or experiment. Modern scientific medicine, in which these two great types meet, had its rise in France in the early days of this century. True, there had lived and worked in England the greatest anatomist and medical thinker of modern times; but John Hunter, to whose broad vision disease was but one of the processes of nature to be studied, was as a voice crying in the wilderness to the speculative, theoretical physicians of his day.—William Osler, M.D. Influence of Louis on American Medicine. Johns Hopkins Hospital Bulletin, 1897.