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Physicians by Sir John Parkinson\textsuperscript{10} of England.

The subject of symptomatology will always retain its importance in medicine because symptoms form the first contact between patient and doctor. It is the voice of nature, and when a patient complains he enters our world and we recognize a human need. For convenience I shall apply the term “symptoms” to subjective sensations of which the patient complains. While everyone agrees on their value in approaching a diagnosis, symptoms have been moved to the background by current interest in signs and in scientific technie. But if we apportion too little time for eliciting symptoms, we shall suffer in our diagnosis. Besides, knowledge acquired by the art of listening and of questioning has value far beyond a lead towards the diagnosis. A doctor learns what kind of human being faces him, and what reaction he is making to his malady.

These remarks, by another outstanding physician in England’s great medical heritage, are a fitting counterpart to those of Heberden as quoted verbatim at the beginning of this editorial.

\textit{Clarence E. de la Chapelle}

\section*{References}

7. \textit{Blumgart, H. L.: Personal communication.}

\section*{Neuroses of the Heart
Angina Pectoris}

In fatal cases of angina the coronary arteries are almost invariably diseased, either in their main division, or there is chronic endarteritis with great narrowing of the orifices at the root of the aorta. Experimentally, occlusion of the coronary arteries produces slowing of the heart’s action, gradual dilatation, and death within a very few minutes. Cohnheim has shown that in the dog ligation of one of the large coronary branches produces within a minute a condition of arrhythmia, and within two minutes the heart ceases in diastole. These experiments, however, do not throw much light upon the etiology of angina pectoris. Extreme sclerosis of the coronary arteries is common, and a large majority of the cases present no symptoms of angina. Even in the cases of sudden death due to blocking of an artery, particularly the anterior branch of the coronary artery, there is usually no great pain either before or during the attack. The lesions of the nerves described by Lancereaux, Hadden, and others cannot yet be correlated satisfactorily with the symptoms of true angina. Various forms of true angina have been recognized, but the differences, in the majority of instances, are not sufficiently marked to permit a separation.—\textit{William Osler, M.D. The Principles and Practice of Medicine}. New York, D. Appleton & Company, 1893, p. 656.
the age of 25, the reduction of the animal fat content of our very rich American diet, and the institution of programs of regular exercise and relaxation of other sort too, with an effort to neutralize at least somewhat the emotional stress that is so characteristic of current urban life.

If we can also discover in the course of our researches, which is quite possible, magical remedies in the form of chemical substances to counteract hypercholesteremia and inherited enzyme defects, we may not need to carry out so much the other protective measures even though they seem very reasonable to us now. And while we are busy with our researches on these problems, we should try to correct the erroneous opinions and practices of countless individuals in this country who are still inclined to blame hard work as the primary cause of atherosclerosis and its complications.

Just one word about hard work. It is true that one can get very tired both physically and mentally from hard work, but I have yet to find a man or woman, otherwise healthy, who has, from hard work alone, become ill provided he or she carried out a sensible program of life avoiding the hazards that I have just mentioned.

In conclusion, may I express optimism about the future results of our researches, physical, chemical, hereditary, pathologic, and clinical on atherosclerosis, especially of the premature varieties. Within another generation, in fact I believe within a decade, with the present increasing tempo of vigorous research, we should have some definitive answers that will allow us to protect our men and to extend increasingly the expectation of a long and healthy life.

Again as I have frequently done in the past, I would like to end with another quotation from Shakespeare—"Our remedies oft in ourselves do lie, which we ascribe to Heaven."

Summario in Interlingua

Iste documento es le conferentia memorial Lyman Duff, presentate in 1959 a Chicago ante un reunion del Societate American pro le Studio de Arteriosclerosis. Le autor discute le thema de atheroma e thrombosis super le base de su conviccion que in le composito "cardiovascular" il es le secunde parte que merita nostre prime attention. Iste attitude resulta del conviccion que in le majoritate del casos de cardiopathia le morbo primari es non del toto myocardial sed plus tosto vascular e que, in plus, il es frequentemente un disordine vascular que debe esser inermimate primarimente quando un paciente manfesta symptomas renal o alteremente visceral.

Medical Eponyms

By Robert W. Buck, M.D.

In order that people may be happy in their work, these three things are needed: They must be fit for it: They must not do too much of it: And they must have a sense of success in it.—Ruskin. (Submitted by H. M. Marvin, M.D.)
Medical Eponyms

By Robert W. Buck, M.D.

Bowman's Capsule. William Bowman (1816-1892) F.R.S., Assistant Surgeon to the King's College Hospital, and Demonstrator of Anatomy in King's College, London, read before the Royal Society on February 17, 1842, a paper "On the Structure and Use of the Malpighian Bodies of the Kidney, with Observations on the Circulation through that Gland." This was printed and may be found in the Philosophical Transactions of the Royal Society of London for the year 1842, part I, pp. 57-80 (vol. 132).

"The Malpighian bodies I saw to be a rounded mass of minute vessels invested by a cyst or capsule (first particularly pointed out by Müller, who conceives it to be perfectly closed, except at one point where perforated by the vessels) of precisely similar appearance to the basement membrane of the tubes. Seeing these similar tissues in such close proximity, it was not easy to resist the conviction that the capsule was the basement membrane of the tubes expanded over the vessels. . . . Having, during last summer, been made acquainted, through the kindness of Dr. Milne Edwards, with a new method of injection employed with great success by M. Doyère of Paris." (This consists of two fluids which mingle in the small vessels, and cause a precipitation there. The best fluids are saturated solutions of bichromate of potass and of acetate of lead. They are injected in succession through the same vessel, whence the method is termed that by double injection. Krause published an account of it two years ago, but M. Doyère appears to have arrived at it after a laborious trial of numerous solutions. Both deserve the thanks of anatomists for so valuable an addition to the means of investigation.)—I injected some kidneys through the artery, by this method, in order to notice the nature of the vascular ramifications in the Malpighian bodies. I not only found what I sought, but the clearest evidence that the capsule which invests them is, in truth, the basement membrane of the uriniferous tube expanded over the tuft of vessels."
On Cardiac Murmurs

By Austin Flint, M.D.

The mitral direct murmur is produced by the mitral direct current of blood forced by the auricular contractions through a contracted or roughened mitral orifice. Hence, the facts just stated with regard to the current, apply to the murmur. The murmur occurs just before the ventricular systole or the first sound of the heart; it continues up to the occurrence of the first sound, and instantly ceases when the first sound is heard. It is not strictly correct to call this a diastolic murmur; it does not accompany the second or diastolic sound of the heart.—Am. J. M. Sc. n.s. 44: 29, 1862.

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Vesalius

“My study of anatomy,” says Vesalius, “would never have succeeded had I when working at medicine at Paris been willing that the visera should be merely shewn to me and to my fellow students at one or another public dissection by wholly unskilled barbers, and that in the most superficial way. I had to put my own hand to the business.” . . .

Complete dissection was then well-nigh impossible, the most that could be gained was the hurried examination of some parts of the body of a patient who had succumbed to disease. One part of the human body, the foundation of all other parts, the skeleton, could however be freely used for study. In those rude times burial was rough and incomplete, and in the cemeteries bones lay scattered about uncovered. In the burial-ground attached to the church of the Innocents at Paris Vesalius spent many hours, studying the bones; and he also tells us how in another burial-ground, on what is now 'Les Buttes Chaumont,' he and a fellow student nearly left their own bones, being on one occasion attacked and in great risk of being devoured by savage, hungry dogs who too had come there in search of bones. By such a rough, perilous study Vesalius laid the foundation of his great work, a full and exact knowledge of the human skeleton.—Sir M. Foster. Lectures on the History of Physiology. London, Cambridge University Press, 1901.

A 20-year-old woman who had experienced repeated attacks of rheumatic fever showed signs of mitral stenosis, atrial fibrillation, and wide Q waves in leads III and aVF. In the previous year deeply inverted T waves of pointed configuration had been present in leads II and III. The patient died of collapse following peripheral embolization. At autopsy mitral, aortic, and tricuspid stenosis with thrombosis in the left and partly in the right atrium was found. The coronary arteries were normal, but the arterioles showed extensive obliterating arteritis. In the posterior wall of the left ventricle there was a large area where the entire myocardium with the exception of a narrow subendocardial layer had been replaced by dense fibrous tissue. Extensive degenerative and fibrotic changes were present throughout the myocardium, and it is probable that the aneurysmal zone of complete fibrosis was due to confluence of islands of rheumatic myocarditis.

LEPESCHKIN


Metabolic studies are reported on patients with advanced cardiac disease and congestive failure during the development of hyponatremia and during the restoration of a normal serum sodium concentration. While hospitalized in a metabolic ward, measurements of water, sodium, potassium, chloride, and nitrogen balance were made. The results indicated that abnormalities both in external excretion and internal distribution of water and electrolytes exist in these patients, either of which may be the predominant factor in the pathogenesis of this syndrome. For example, a loss of water in excess of fixed cation accounted for the correction of hyponatremia in certain subjects. In others, primary water retention, leading to dilution of body fluids, was responsible for hyponatremia. In still others, this was due to internal redistribution of electrolyte.

Rinzler
Summario in Interlingua

Es presentate un caso de syncope effectuate per recurrente arrestos sino-atrial. Le episodios de arresto cardiac cessava post section del vago dextere in le collo.

Vagotomia non es recommendate como modo de tractamento excepte quando—como in le presente caso—omne altere formas de therapia se ha provate van, i.e., quando le intervention pote esser justificate como un mesura experimental.

References


Two comparable groups of patients suffering first myocardial infarctions were studied from the 1952-1956 files of the Western Infirmary, Glasgow. One group of 111 patients received heparin during the first 48 hours of hospitalization and ethyl biscoumacetate or phenindione throughout hospitalization, the latter aiming to increase the 1-stage prothrombin time 21/2 times above the baseline level. The control group of 115 patients received no anticoagulant and also remained in the hospital for a shorter period, averaging 25.4 days as compared with 33.9 days for the anticoagulated group. The mortality rate was 19 per cent among the treated patients and 39 per cent in the control group. Thromboembolic episodes were noted in 18 per cent of the treated group and in 34 per cent of the controls. The authors favor the routine use of anticoagulants in acute myocardial infarction.

ROGERS

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of a large catheter in the left ventricle has also permitted the registration of dye-dilution curves in both directions and the collection of blood samples for the determination of shunts.

Summary

A description is presented of a rapid and relatively uncomplicated method of left heart catheterization. It is possible in this manner to obtain many types of left ventricular studies and ventriculograms of diagnostic quality. A special loop-end catheter is employed, which is percutaneously introduced into the aorta and which regularly enters the left ventricle through the aortic valve except when this valve is stenosed or deformed. This entry is accomplished without apparent injury to the heart.

Summario in Interlingua

Es describite un rapide e relativemente pauce complexe methodo de catheterismo sinistro-cardiac. Le methodo permite le effectuation de multe studios sinistro-ventricular, incluse le obtention de ventriculogrammas de qualitate diagnostic. Es usate un catether special a termino ansate que es introducute percutaneamente in le aorta e que entra regularmente in le ventriculo sinistre via le valvula aortie, excepte in casos de stenosis o malformation del valvula. Le entrata es effecutate sin apparente damno al coerde.

References


A case of the "Pickwickian syndrome" is reported which occurred in a 6-year-old child and is believed by the authors to be the first reported case of this syndrome in children. This child presented the clinical features of the cardiorespiratory syndrome of obesity with associated polycythemia, cyanosis, dyspnea, somnolence, congestive heart failure, and, in addition, mental retardation. No definite evidence of pulmonary disease was found at necropsy.

Karpman

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the only factor in the development and persistence of atherosclerosis but that it influences both atherogenesis and thrombogenesis. Moreover, it is an important part of the reason for the differences in frequency of coronary heart disease between populations. Those who deny this must admit that no such similar consistency to explain these differences can be found in terms of race, climate, use of tobacco, emotions, habitual physical activity, urbanization, and so on. Hypertension, hypercholesteremia, and obesity are factors to be reckoned with in the development of atherosclerosis.

In our present state of knowledge, a low-fat diet of sensible degree, with an increase in the ratio of unsaturated to saturated fat is a key step in the prophylaxis and treatment of the basic process of atherosclerosis and its sequelae. Unsaturated fats should be substituted in the diet not supplemented to it. The beneficial effects of all hypocholesteremic agents in atherosclerosis is still unsettled, although sitosterols appear to be the most appropriate adjuvant for clinical use with the appropriate diet.

Long-term anticoagulant therapy is beginning to emerge as an important therapeutic advance in the treatment of cerebral as well as coronary atherosclerosis. A better understanding of blood coagulation looms as an important step forward in controlling the complications of atherosclerosis. Indifference to smoking is no longer warranted by the patient or physician.

The physician must begin to classify patients into low- and high-risk groups as far as the appearance of clinical manifestations of atherosclerosis is concerned. He can no longer stand by when he is dealing with a high-risk patient. Risk is increased by obesity, hypertension, hypercholesteremia, diabetes, renal disease, and by a “‘bad’ genetic background.

Many of the questions raised here are still far from settled, but the problem of atherosclerosis is one that holds promise of giving ground before the combined efforts of the investigator and the clinician.

Finally, may I thank all of you for being so rapt an audience.

**Summario in Interlingua**

Iste documento es un processo verbal de un conferentia de multiple participantes discutente varie aspectos del problema de atherosclerosis ab le puncto de vista de su gerentia clinia. Le objectivos del conferentia eseva formulate sequentemente per su preside: (1) Presentar al clinico practic un summario de factos relative al pathogenese de atherosclerosis le quales es ben establiste e le quales es significative in consequentia de lor applicabilitate al caso individual. (2) Proponer un programma prophylactie specific super le base de tal ben-establiste factos. (3) Delinear un programma therapeutic pro le paciente con evidentia clinia de atherosclerosis o su sequellas. Le sfera thematie del conferentia non includeva infarimento myocardiale e angina de pectore.

**Symposium On Coronary Heart Disease**

**To Begin in August 1960 Issue**