OXYGEN INTAKE TEST


Vesalius

In 1537, after a year's stay at Louvain where, in the February of that year, Vesalius at the age of 22 put forth his first juvenile effort, a translation of the ninth book of Rhazes, he migrated to Venice, the enlightened despotic government of which was in all possible ways fostering the arts and sciences, and striving to develop the dependent city of Padua a university which should worthily push on the new learning. . . .

The brilliant talents of the young Belgian at once attracted the notice of the far-sighted rulers of Venice. He was in December of that same year, 1537, made Doctor of Medicine in their University of Padua, was immediately entrusted with the duty of conducting public dissections, and either then or very shortly afterwards, though he was but a lad of some one or two and twenty summers, was placed in a chair of Surgery with care of Anatomy. . . .

Five years he spent in untiring labours at Padua. Five years he wrought, not weaving a web of fancied thought, but patiently disentangling the pattern of the texture of the human body, trusting to the words of no master, admitting nothing but that which he himself had seen; and at the end of the five years, in 1542, while he was as yet not 28 years of age, he was able to write the dedication to Charles V. of a folio work, entitled the 'Structure of the Human Body,' adorned with many plates and woodcuts, which appeared at Basel in the following year, 1543. . . .


On Cardiac Murmurs
By Austin Flint, M.D.

The practiced auscultator, by listening to the murmurs alone, is able to tell whether lesions are situated at the mitral, or at the aortic, or at the pulmonic orifice, and he is able to say, in certain cases, that the valves which are to protect these orifices against a regurgitant current of blood, have been rendered by disease inadequate to their office.—Am. J. M. Sc. n.s. 44: 29, 1862.
Conclusion
Fifteen cases of electrocardiographic abnormalities suggestive of recent myocardial infarction or ischemia in association with subarachnoid hemorrhage are described. Four patients with such abnormalities died and had a normal heart at autopsy. Of the 15 cases with abnormal electrocardiograms only 3 had symptoms of heart disease and 2 more had clinical hypertension without symptoms. The typical pattern was one with flat or negative T waves in lead I, aV, and V₄ to V₆, along with ischemic RS-T segment changes. These changes were, in a number of instances, suggestive of recent myocardial infarction.

The hypothesis is proposed that the cause for these abnormalities in the presence of a normal heart are lesions in the vicinity of area 13 on the orbital surface of the frontal lobe.

Acknowledgment
The authors gratefully acknowledge the cooperation of Dr. C. Drake and Dr. A. Douglas of the Neurosurgical Unit, Victoria Hospital, London, who carried out the neurologic investigation and treatment of all the cases used in this study.

Summario in Interlingua
Es describite 15 casos de anormalitates electrocardiographic que suggere le diagnose de recente infarciamento o ischemia myocardial in association con hemorrhagia subarachnoide. Quatro del patientes moriva, e le necropsia revelava un corde normal. Inter le 15 casos con electrocardiogrammas anormal, solmente 3 haves symptomas de morbo cardiae, e 2 alters haves hypertension clinic sin symptomas. Le configuration typic haves plan o negative undas T in le derivationes I, aV₁, eV₁ aV₆, in conjunction con alterationes ischemic in le segmento RS-T. In plure casos, iste alterationes suggereva un recente infarciamento myocardial.

Es proponite le hypothese que le causa de iste anormalitates in le presentia de un corde normal es lesiones in le vicinitate del area 13 al superficie orbital del lobo frontal.

References

What can one hear with one's fingers? Vocal fremitus and a sharp second sound.—Sir William Osler. Aphorism From His Bedside Teachings and Writings. Edited by William Bennett Bean, M.D. New York, Henry Schuman, Inc., 1950, p. 34.
Summario in Interlingua

Le nivello del tension pulmone-arterial per se ha nulle importantia prognostic in determinar qual patientes respondera favorabilmente al clausion chirurgie de un defecto ventriculo-septal.

De prime importantia in le selection de patientes pro iste operation es le relation del volumine de sanguine que passa per le circuitos pulmonar e systemic. Patientes in qui le fluxo pulmonar non excede le fluxo systemic e in qui, per consequente, le shunting es dominamente dextero-sinistro o balanciata non experientiara un reduction del tension pulmone-arterial post le reparo chirurgie.

Evidentia electrocardiographic de un augmento del travallo dextero-ventricular se ha provate de grande valor in le evalutation del fluxo de sanguine pulmonar sin reguardo al presentia de sever hypertension pulmonar. Configurationes electrocardiographic corre- espondente a hypertrophia dextero-ventricular non occulta le evidentia de excesso de travallo sinistro-ventricular si le criterios proponite in le presente articulo es applicate. Iste assertion pare esser justificate, viste le correlation de 99 pro cento inter le indicationes electrocardiographic de augmento del travallo sinistro-ventricular e le prova de un pre-existente augmento del fluxo pulmonar in le 90 chirurgicamente tractate patientes con defecto ventriculo-septal e hypertension pulmonar sever ubi le mentionate criterios eseva observate.

Saper le base de iste observationes le opinion pare justificate que le electrocardiogramma ha un rolo importante in le selection, inter iste patientes, del cases appropriate al tractamento chirurgie. In le absentia de provas electrocardiographic de excessos de travallo sinistro-ventricular, nulle patiente debere perder le beneficios del intervention chirurgic si le prova de un augmento del fluxo pulmonar pote esser obtenite per un altere methodo.

References


So great was this Greek contribution to medicine that it is by no whim of chance that our medical terminology is so largely Greek in origin, that we call the essential method of medical reasoning the Hippocratic method, and that as heirs to so remarkable a heritage we choose to bind ourselves with the Hippocratic oath. For, following the Greeks, we now take disease to be an entirely reasonable process, obeying laws eventually patent to observation and to reasoning. There are exceptions, perhaps, to so categorical a eulogy of the Greek interpretation of the nature of disease. I doubt, for example, whether the Greeks maintained quite so detached, rational, and naturalistic a concept of mental diseases or epilepsy. But even if the Greeks had managed to be to some extent rational about insanity, the demonic possession theories prevailed in later centuries. But in the main, the immense advantage of the Greek view was that, in the relative absence of superstition and fear, it built, with its amazingly rational approach, at least the scaffolding for the advancement of knowledge.—Alan Gregg, M.D. Challenges to Contemporary Medicine. New York, Columbia University Press, 1956, p. 32.


In spite of the fact that the correct diagnosis of Ebstein's anomaly can be made on the basis of the plain roentgenogram, only 1 paper on this subject has appeared in the American radiologic literature. This anomaly is relatively rare, constituting probably less than 1 per cent of all congenital heart defects. The authors present data on 23 cases of this malformation seen at the University of Minnesota hospitals. The pathologic and clinical features are briefly reviewed. The roentgen features are correlated to the pathologic findings in the 8 cases autopsied. The most constant roentgenologic feature in advanced cases was the tremendously dilated right heart with normal or decreased pulmonary vasculature and absent left atrial enlargement. Pulmonary congestive changes and roentgen evidence of pleural effusion were strikingly absent even in the presence of right heart failure. Roentgen features are diagnostic in advanced cases but early stages of this disease may present essentially normal cardiac contours or mimic other congenital heart lesions.

Kitchell
TETRALOGY OF FALLOT


Living is a state of becoming, not an unchanging finality. There are far deeper truths in the constancy of change than in the immutable permanence of death.—ALAN GREGG, M.D. Challenges to Contemporary Medicine. New York, Columbia University Press, 1956, p. 117.

Circulation, Volume XXII, July 1960
ELECTROCARDIOGRAM IN ASTHMATIC CHILDREN


AHA Scientific Sessions Program

Six sessions of broad clinical interest will be held again during the American Heart Association’s annual Scientific Sessions in Kiel Auditorium, St. Louis, October 21-23. The American Academy of General Practice has classified these sessions as acceptable for Category II credit for members.

The six clinical programs, to run concurrently with the special scientific sessions, will stress the practical application of findings in cardiovascular research. They will be proportioned among symposia, panels, lectures of general interest and submitted papers on recent results of investigations.
ATHEROSCLEROSIS IN CAPE TOWN


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Inter-American Cardiology Congress

The Sixth Inter-American Congress of Cardiology, to be held in Rio de Janeiro, Brazil, August 14-20, will include symposia and round tables on Chagas' disease, surgery, congenital heart disease, rheumatism, electrocardiography, microbiophsiology and vectorcardiography.

Further information and registration forms may be obtained from Dr. Hugo Alqueres, Secretary, Av. Nilo Pecanha, 38, Rio de Janeiro, Brazil.
Summary

In a pathologic collection of 722 congenital heart lesions we have observed 10 cases in which a ventricular septal defect was associated with obstruction to normal left ventricular outflow. These cases are presented in the framework of a classification relating hemodynamics to the position of the obstructing lesion and the size of the ventricular septal defect. One additional case observed clinically and at operation is also reported to make more nearly complete the classification of the anatomic arrangements in which the common denominators are ventricular septal defect and obstruction to normal ventricular outflow.

Summario in Interlingua

In un collection pathologic de 722 congenite lesiones cardiac, nos ha observate 10 casos in que un defecto ventriculo-septal eseva associate con un obstruction del normal effluxo sinistro-ventricular. Iste casos es presentate intra un cadro de classification que relacional le hemodynamica al sito del lesion obstructive e al dimensiones del defecto ventriculo-septal. Es etiam reportate un caso additional que esseva observate clinica- e chirurgicament pro render plus complete le classification del configurationes anatomic in que denominatores commun es defecto ventriculo-septal e obstruction al normal effluxo ventricular.

References


PULSE WAVE VELOCITY

Results are suggestive of accelerated degenerative changes in the aorta, probably due to atherosclerosis.

The interval from the earliest detectable QRS deflection to the foot point of the aortic volume pulse ("aortic ejection time") becomes longer with age in the normal group. In patients with coronary artery disease, the prolongation is significantly larger for each of 3 age subgroups. The results suggest that ventricular ischemia affects ventricular isometric contraction.

Summario in Interlingua

In 51 homines normal e in 42 homines con normotension in le presentia de morbo coronari, plethysmogrammas de impedantia eseva obtenite ab le aorta proxime al sito de auscultation del valvula aortic e ab le arteria femoral in le triangulo femoral, in simultaneitate con le obtention del tres derivationes electrocardiographie standard.

Le velocitate del unda del pulso aortic eseva determinate super le base del intervallo de tempore inter le punctos de base del aortic e del femoral pulso de volumine, insimul con le distanza anatomic inter le electrodos. Iste velocitate cresce con le etate, tanto in patientes como etiam in normales, sed le valores es significativemente plus alte in le patientes. Iste resultatos suggere le presentia de accelerate alterations degeneratorii in le aorta, probablemente in consequentia de atherosclerosis.

Le intervallo inter le prime detectibile deflexion QRS e le puncto de base del pulso de volumine aortic ("tempore de ejection aortic") cresce con le etate in le grupo normal e in le patientes, sed in istes—i.e. le grupo de patientes con morbo de arteria coronari—le prolongation es significativemente plus marcate in tres sub-gruppos de etate. Iste resultatos suggere que ischemia ventricular affice le contraction isometric ventricular.

References


Age

To be seventy years young is sometimes far more cheerful and hopeful than to be forty years old.—(To Julia Ward Howe on her seventieth birthday) By OLIVER WENDELL HOLMES, M.D.


Symposium on Coronary Heart Disease
To Begin in August 1960 Issue

Symposium on Coronary Heart Disease
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Medical Eponyms

By Robert W. Buck, M.D.

The true worth of an experimenter consists in his pursuing not only what he seeks in his experiment, but also what he did not seek.—Claude Bernard. (Submitted by H. M. Marvin, M.D.)