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Interlingua Summaries by Science Service, Division de Interlingua, New York, N.Y., Alexander Gode, Chief
EDITORIAL


I am the last to deny medical science credit for remarkable achievement in the conquest of disease and for disinterested devotion to human betterment. Actually, I think that medicine is doing its job admirably if that job is conceived to be only the care of the human organism, taken "as is," and the remission of venial biological sins which are consequent upon civilized man's abuse of his bodily inheritance.

I appeal to medicine because it is the one branch of applied science which might be expected to realize not only that human behavior is a function of the human organism, but that all animal organisms exist and transmit their qualities through the mechanism of heredity. The fundamental principle of organic evolution is improvement or retrogression through the selection of inherited anatomical features and physiological functions. . . . Our entire system of education is upside down because it studies only human behavior and not the human organism; we know virtually nothing at all of the most vital factor in human evolution—human heredity.

I ask whether medical science is prepared to accept the responsibility for the reckless deterioration of human stock which it promotes by lavishing its skill and care upon the preservation of the unfit, when it takes no measures whatsoever for beginning the study of human inheritance by which alone permanent improvement of the species can be anticipated. I call upon this profession which is actually directing the course of human evolution downward to reflect upon the wages of biological sin.—EARNEST A. HOOTON. Twilight of Man. New York, G. P. Putnam, 1939, p. 304. (Submitted by H. M. Marvin, M.D.)
Medical Eponyms

By Robert W. Buck, M.D.

Schonlein's Purpura. In 1837 there was published at Wurzburg a work entitled Allgemeine und specielle Pathologie und Therapie. This consisted of students' transcripts of lectures delivered by Johann Lucas Schonlein (1793-1864), Professor of Internal Medicine at Zürich. The following description of peliosis rheumatica is taken from the third edition, volume 2, pp. 48-49, Würzburg, 1837.

"The spots are never confluent as they often are in Wehrhof's (sic) Disease . . .

"The patients have either previously suffered with rheumatism, or rheumatic symptoms appear coincidently.

"The characteristic spots of the disease appear first on the extremities in the majority of cases, especially the lower, rarely the upper ones, and here only up as far as the knee. The spots are small, the size of a lentil or a millet seed, bright red, not raised above the skin, and disappear on pressure by the finger. They gradually become dirty brown or yellow, and the skin over them undergoes a somewhat branny desquamation. The eruption follows a sporadic course, often over a period of several weeks. . . .

"This disease has been confused with the morbus maculosus Wehrhofii. The absence of the so-called purpuric phenomena in the mouth . . . the lack of all hemorrhage, the peculiarity of the eruption . . . the joint involvement (which does not occur in that disease), and the absence of nervous phenomena, such as marked prostration and weakness, further assure the diagnosis."
BRETYLIUM TOSYLATE

Summario in Interlingua
Tosylato de bretylium inhibiva sympathic reflexos vasoconstrictori in humanos, sed—per contrasto con le drogas ganglioplegic—illo produceva nulle effecto lateral de blocage parasympathic. Como es etiam le caso in alte sales quaternari de ammonium, le droga esseva mal absorbite ab le vias gastrointestinal.

Administrate per via oral a patientes hypertensive, tosylato de bretylium produceva un reduction del tension sanguinee que esseva primarimente ortostatic. Le requirimentos del dosage esseva generalmente grande. In certe casos illos esseva si excessive que le therapia deveniva impracticabile. Le nivellos del dosage efficace poteva esser reduite in un certe mesure per le addition de chlorothiazida. Le sol adverse effectos lateral o reactiones toxic esseva debilitate postural e syncope. Pro evitar iste ultime, le plus scrupulose attention debeva esser prestate al ajustation del dosage. In plure patientes dysfuncion del ejaculation esseva notate.

References

On Cardiac Murmurs
By Austin Flint, M.D.

Case 2. In February, 1861, I was requested to determine the murmur in a case at the Charity Hospital, New Orleans. I found an aortic direct and an aortic regurgitant murmur, both murmurs being well marked. There was also a distinct pre-systolic murmur within the apex, having the blubbering character. On examination after death, the aorta was dilated and roughened with atheroma and calcareous deposit. The aortic segments were contracted, and evidently insufficient. The mitral curtains presented no lesions; the mitral orifice was neither contracted nor dilated, and the valve was evidently sufficient. The heart was considerably enlarged, weighing 17½ oz., and the walls of the left ventricle were an inch in thickness.—Am. J. M. Sc. n.s. 44: 29, 1862.
Summary

In autopsies on "normal" white men between the ages of 30 and 60, who died suddenly from accident, homicide, or suicide, there were no significant differences in the degree of coronary atherosclerosis in those engaged in sedentary occupations and those engaged in physically active occupations.

Summario in Interlingua

In le necropsias de "normal" homines de raça blanc de etates de inter 30 e 60 annos—morte subitemente in accidentes o per homi- or suicidio—nulla significative differentias esseva notate in le grado de atherosclerosis coronari inter le subjectos de occupaciones sedentari e le subjectos ingagiate in occupaciones a activitate physique.

We medical men never really think of ourselves as professors because we look upon university connections as opportunities for doing our own work. As for our teaching obligations, as we grow wiser we learn that the relatively small fractions of our time which we spend with well-trained, intelligent young men are more of a privilege than an obligation. For these groups are highly selected, each year more thoroughly prepared, and they force the teacher continually to renew the fundamental premises of the sciences from which his specialty takes off. It keeps us as keen as we are individually able to be, for, in a rapidly moving subject, there is a vis a tergo that keeps pushing us up, and we profit from it most directly through the fresh young blood that is pumped into our brains each year by the eager youngsters who won't stand for pedantic nonsense.

So while we are, technically speaking, professors, we are actually older colleagues of our students, from whom we often learn as much as we teach them. This, and the sense of humility that is constantly forced upon honest investigators by the incompleteness of their own small victories over the secrets of nature, keep us from developing that sense of sacred superiority that is shared by some academicians only with the monkeys of Benares.—HANS ZINSSER. As I Remember Him. Boston, Little, Brown & Company, 1940, p. 293. (Submitted by H. M. Marvin, M.D.)

References

Sir Dominic John Corrigan

Sir Dominic John Corrigan was born December 1, 1802, in Dublin. While still receiving his primary education, he became the demonstrator of experiments on hydrostatics and pneumatics in connection with his professors' lectures. This experience probably influenced profoundly his comprehension of the dynamics of the circulation that led to the observations on which his fame rests. After obtaining his M.D. degree from Edinburgh University in 1825, he was associated in Dublin with illustrious physicians including Adams, Carmichael, Collins, Graves, and Stokes. Six years previously Laennec had invented the stethoscope and published his book on auscultation. In 1830, at the age of 28, he became physician to the Jarvis Street Hospital, where he had control of only six beds from which “he drew the most valuable portion of his clinical experience,” which was the basis of his classic treatise *On Permanent Patency of the Mouth of the Aorta, or Inadequacy of the Aortic Valves*. Single features of aortic regurgitation, such as the collapsing pulse, and the altered heart sounds and murmurs, had been noted by Cooper, Vieussens, and Hodgkin, but the full description and explanation of the clinical findings in terms of the underlying pathology and physiology had not been put forward in a comprehensive, interrelated manner. The great French clinician, Armand Trousseau, first designated this condition as Corrigan's disease; the French to this day still use the term “Maladie de Corrigan.” He also described the Irish “famine fever” of 1847, noted the “cerebral breathing” of typhus, the expansile pulsation of aneurysm (Corrigan's sign) and cirrhosis of the lungs.

In later years, Corrigan became President of the Dublin Pathological Society, was physician to the House of Industry Hospital, was made Physician-in-ordinary in Ireland to Queen Victoria, received many honors and honorary degrees, and was created a baronet. In 1878, at the age of 76, he suffered a slight paralytic stroke, and in 1880, at the age of 78, he suffered a right hemiplegia and died on February 1, 1880.—Ed.
Metamente meliorate. In le prime de iste 2 gruppos, 2 mortes occurreva, e 2 patientes se meliorava significativamente. In le secunde del 2 gruppos, 2 patientes moriva al chirurgia e 2 eseva marcate mente meliorate. Il pare que iste mortes chirurgie eseva diremente relationate al massive hemorrhagia per le non-suspicite patente ducto arteriosum, occurrente quando le circuazione (supponitemente) contornava le corde, e al subseque ente difficultate technic in le efforto de clauder ambe defectos via un thoracotomia anterior.

Le relation inter le calculate resistenza pulmono vascular e le clausion chirurgie del defectos es discutite.

Es exprimite le opinion que si le patente ducto arteriosum es diagnosticat super le base de un typic murmure de machineria, le correction de iste lesion es indicate, sin reguardo al assiqueste defecto ventricular. Si, del altere later, le tableau clinie suggere solmente un defecto ventricular, durante le presente del 2 lesiones in combination es discoperite solmente per le catheterismo cardiae, alora le correction simultanea del 2 lesiones es recommandate. In infantes de basse etate, in qui le combine operation es particularmente difficile a iste tempore le essayo preliminari de un regime medical es recommandate. Solmente post que un tal se ha provate van, debe le division del ducto esser effectuate.

Symposium on Coronary Heart Disease
Will Be Continued in the September 1960 Issue