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AN OFFICIAL JOURNAL OF THE AMERICAN HEART ASSOCIATION

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**Medicine**

I firmly believe that if the whole materia medica as now used could be sunk to the bottom of the sea, it would be all the better for mankind—and all the worse for the fishes.—Oliver Wendell Holmes, M.D. From an address to the Massachusetts Medical Society.

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**On Cardiac Murmurs**

*By Austin Flint, M.D.*

If the murmur in the neck be a propagated murmur it will differ from that at the base of the heart chiefly as regards intensity; the pitch and quality will not be materially changed. If it be rough or soft at the base of the heart, it will be the same in the neck; if the pitch be high or low at the base of the heart, it will be the same in the neck. On the other hand, a murmur produced within the carotid, will be likely, in the great majority of cases to differ in quality and pitch from a coexisting murmur at the aortic orifice.—*Am. J. M. Sc.* n.s. 44: 29, 1862.

*Circulation, Volume XXII, September 1960*

The perplexity was further increased by the existence of murmurs independent of valvular disease, and accompanying both hypertrophy with dilatation, and a nervous action of the heart without any organic lesion whatever. These murmurs Laennec attributed to a wrong cause: viz. to the sound of the muscular contraction, instead of to the modified motion of the fluid; which I presume to consider the true cause.—J. Hope, M.D. Diseases of the Heart and Great Vessels. London, William Kidd, 1832, p. 15.
References


Quite characteristic of the habit of the human mind, we seem to find considerable comfort in interpreting an experience if we can find a plausible or even generally accepted cause for it. If we think we know its cause, in some measure we are at least relieved. Likewise, we take similar solace from giving it a name even when thinking about the name might raise more questions than it answers.—Alan Gregg, M.D. Challenges to Contemporary Medicine. New York, Columbia University Press, 1956, p. 26.
It may naturally be supposed that the erroneous view which Laennec took of the heart's action, led to corresponding errors in his doctrines of auscultation. Yet these are, fortunately, not of such magnitude as might be expected. With one exception—that of considering loudness of the second sound to be an indication of dilatation of the auricles, the errors are those of omission, and of incorrect explanation. The omissions are considerable and important. He was not aware of a fact noticed by the writer several years ago, that bellow-murmurs are produced by regurgitation through the valves.—J. Hope, M.D. Diseases of the Heart and Great Vessels. London, William Kidd, 1832, p. 14.

Medical Eponyms

By Robert W. Buck, M.D.

Libman-Sacks Syndrome. Emanuel Libman (1872-1946) Professor of Clinical Medicine, Columbia University College of Physicians and Surgeons, and Benjamin Sacks (1896-?) his then associate reported “A Hitherto Undescribed Form of Valvular and Mural Endocarditis” (read in abstract before the Association of American Physicians, Atlantic City, New Jersey, May 1, 1923 and appearing in the Transaction of the Association of American Physicians 38: 46-61, Philadelphia, 1923, same title), in the Archives of Internal Medicine 33: 701-737 (June) 1924.

“We have had the opportunity of studying the clinical and pathologic findings in four cases of a hitherto undescribed form of endocarditis, which we have for the present described as an atypical form of verrucous endocarditis... The disease... ran a subacute course with fever and progressive anemia. Briefly enumerated, the clinical findings were pericarditis, white-centered petechiae, arthritis, erythematous purpuric rashes, ulcerative lesions of the mucous membranes, pleuropulmonary symptoms, embolic phenomena, enlargement of the liver and spleen, acute glomerulonephritis, a tendency to leukopenia and repeatedly negative blood cultures. Two of the patients had an eruption on the face which resembled acute lupus erythematosus disseminatus...”
METASTATIC CANCER TO THE HEART


Austin Flint

Austin Flint was born on October 20, 1812, at Petersham, Massachusetts, the fourth in a succession of a medical ancestry, his father having been a surgeon. He was educated at Amherst College and graduated at the age of 21 from the Harvard Medical School, where he had been influenced by teachers such as James Jackson, Sr., John C. Warren, and Jacob Bigelow. He practiced medicine in Boston and Northampton and later in Buffalo, and at the age of 32 was called to Chicago as Professor of Medical Theory and Practice at the Rush Medical College. He subsequently occupied many important positions including professorships at the University of Louisville, Buffalo Medical College, and New Orleans School of Medicine. In 1860 at the age of 48 he became Physician to the Bellevue Hospital in New York City and Professor of the Principles and Practice of Medicine. For 8 years he was simultaneously Professor of Pathology and Practical Medicine in the Long Island College Hospital, until overwork forced him to curtail his activities. He was a talented teacher and an ardent student of disease, addressing his efforts particularly to the refinement of the diagnostic procedures of Auenbrugger and Laennec. His numerous publications were based on voluminous, handwritten memoranda which are said to have comprised over 16,000 pages. Austin Flint is best remembered by the eponym which bears his name “The Austin Flint Murmur.” This phenomenon was first noted in 1860 and described in detail in 1862 in the publication “On Cardiac Murrmurs” that appeared in the American Journal of Medical Sciences.

Austin Flint died on March 13, 1886, at the age of 74, of cerebral apoplexy and was buried in Boston. His contemporary, Dr. Samuel D. Gross, paid the following tribute to him, “As a diagnostician in diseases of the chest he has few equals. Nor is this fact at all surprising when we bear in mind the time and the immense labor which, from an early period of his professional life, he has devoted to their investigation. I know of no one who is so well entitled as Austin Flint, Sr. to be regarded as the American Laennec.”

—EDITOR,