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Interlingua Summaries by Science Service, Division de Interlingua, New York, N.Y., Alexander Gode, Chief
Neuroses of the Heart
Angina Pectoris

Etiology and Pathology: The following views have been entertained.

(1) That it is a neuralgia of the cardiac nerves. In the true form the agonizing cramp-like character of the pain, the suddenness of the onset, and the associated features, are unlike any neuralgic affection. The pain, however, is undoubtedly in the cardiac plexus and radiates to adjacent nerves. It is interesting to note in connection with the almost constant sclerosis of the coronary arteries in angina that Thoma has found marked sclerosis of the temporal artery in migraine and Dana has met with local thickening of the arteries in some cases of neuralgia. (2) Heberden believed that it was a cramp of the heart-muscle itself. This would explain the agonizing character of the pain and the suddenness of the onset as well as the frequency of the fatal termination; but if the cramps were general in the heart-muscle and similar to those which occur in the voluntary muscles, death would invariably ensue with great rapidity. Cramp of certain muscular territories would explain the attack. (3) That it is due to the extreme tension of the ventricular walls, in consequence of an acute dilatation associated, in the majority of cases, with affection of the coronary arteries. Traube, who supported this view, held that the agonizing pain resulted from the great stretching and tension of the nerves in the muscular substance. A modified form of this view is that there is a spasm of the coronary arteries with great increase of the intracardiac pressure.—William Osler, M.D. The Principles and Practice of Medicine. New York, D. Appleton & Company, 1893, p. 655.
I wish to thank Prof. Th. G. Van Ryssel (Pathological Laboratory, Leyden) for his help during these investigations and Dr. J. E. Edwards (Mayo Clinic, Rochester) for his advice and criticism after their completion. I wish to acknowledge the aid in preparing the statistical data by Mr. C. A. G. Nass and Mr. P. Van Leeuwen (Netherlands Institute of Preventive Medicine, Leyden), the technical assistance of Miss A. de Ruiter, and finally the invaluable help of Mrs. Noecke Wagenvoort in completing the calculations and tabulations.

**Summario in Interlingua**

Pro determinar si le spissification del media de arterias pulmono-muscular in casos de hypertension pulmonar es le resultato de vasoconstriction o de hypertrophia o del duo in combination, un metodo esseva elaborate pro le calculation del quantitate de tissu arterio-muscular per unitate de tissu pulmonar. Le comparation del spissitation media del arterias (exprimite como procentage del diametro del arterias) con le quantitate de tissu arterio-muscular per unitate de pulmon permite nos formar un idea de si, in un certe caso, il ha prevalentia de vasoconstriction o de hypertrophia. Iste metodo esseva applicate a sectiones de tissu pulmonar ab 10 normal subjectos de controlo e ab 17 patientes con congenite morbo cardiae e hypertension pulmonar. Hypertrophia del media esseva presente in omne le casos de congenite morbo cardiae studiate e esseva plus pronzicate in sever que in moderate hypertension pulmonar. In plure casos, vasoconstriction etiam pareva haber un rolo significative o mesmo dominante in le spissification del tunica media. In 2 casos de defecto atrio-septal con mareate fluxo pulmonar, hypertrophia esseva mascate per dilatation del vasos con le resultato de un relativamente tenue media.

**References**


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**Heredity**

Two and two do not always make four, in the matter of hereditary descent of qualities. Sometimes they make three and sometimes five.—Oliver Wendell Holmes, M.D. The Poet at the Breakfast Table, 1872.


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**On Cardiac Murmurs**

*By Austin Flint, M.D.*

The physician who undertakes to interrogate the heart by auscultation is not to decide that the condition of his patient is alarming, simply because he finds a murmur which he satisfies himself is dependent on an organic lesion of some kind. The lesion may be at that time, and perhaps ever afterwards, innocuous; the evils arising from cardiac affections may be remote, and so far from plunging the patient into despair by the announcement of the fact that he has an incurable disease of heart, there may be just grounds for holding out expectation of life and comfortable health for an indefinite period. Neither does it necessarily alter the case when more than one murmur is discovered: the existence of several murmurs by no means excludes the possibility of similar encouragement. We are to look to other sources of information than the murmurs in forming an opinion respecting the gravity of the affection.—*Am. J. Med. Sc.* n.s. 44: 29, 1862.
ANOMALOUS LEFT CORONARY ARTERY

It cannot be a subject of surprise that, with the above opinions, acquired chiefly during the latter period of his life, he should have retracted, in his second edition, the much more accurate doctrines respecting bellows-murmur as a sign of valvular disease, which he had advanced in his first;—transmitting to his disciples the confusion which reigned in his own mind, but which, like the storm that, in tropic climes, is the precursor of the purest, brightest weather, must, sooner or later, had his life been spared, have rolled away before the irresistible force of his purifying and enlightening genius.—J. Hope, M.D. Diseases of the Heart and Great Vessels. London, William Kidd, 1832, p. 16.
iones, i.e., illos se comporta como arcos del mesmac circumferentia. Le registration de iste eventos electric es faeite de manera que le tracía pote esser comparate a un ancora. Un depression de S-T ha nulle significance pathologie quandoque illos es precedite per un concordante e symetric depression de P-R.

Un lesion myocardial es diagnosticate solmente quando le segmentos P-R e S-T es disconcordante, i.e., quando illos se comporta como arcos de differente circumferentias. Le electrocardiogramma de un test de exercitio es considerate como negative, mesmo in le presentia de un depression de S-T, si longo que iste segmento es inseribite con le mesme radius como le precedente segmento P-R.

Altere processos que age super le repolarisation atrial—infaretemento atrial, vulneres, dilatation, hypertrophia, pericarditis, etc.—es etiam analyysate, e lor influentia super le insertion del repolarisation ventricular es sublineate.

Exacte cognoscentias del phenomenos de repolarisation atrial permette un plus accurate interpretation de displaciments de S-T e resulta assi in plus fidel diagnoses del alterationes pathologie que age super le repolarisation ventricular.

References

TRANCHESI, ADELARDI, DE OLIVEIRA


At the base of the study of management you will find the problem of authority. Not only are there different concepts of the true nature of authority, the differences can rise to serious trouble. If professional nursing first saw the light of day—or at least the light of Florence Nightingale’s lamp—when the Victorian assumptions of masculine superiority and of the military theory of command were undisputed in a highly stratified society, then some growing pains were in store for nursing in a democracy, together with headaches for those who still postpone their study of the real nature of authority and how it relates to the effective management of human beings. I think that medical students and interns need particularly to reflect upon and learn the essentials of management and the importance of the consent of the governed in any sort of government. Success will but rarely attend the assumption that effective collaboration derives primarily from organization charts or stipulated chains of command, subordination, and hierarchies.—Alan Gregg, M.D. Challenges to Contemporary Medicine. New York, Columbia University Press, 1956, p. 65.
AHA Scientific Sessions Program

Program and abstracts of the 33rd annual Scientific Sessions of the American Heart Association are carried as a part II supplement to this issue of Circulation.

The Scientific Sessions will be held in Kiel Auditorium, St. Louis, from Friday, October 21 through Sunday, October 23. A total of 120 original scientific papers will be presented at sessions under sponsorship of the Association’s Councils and during six simultaneous sessions on Clinical Cardiology.

This year for the first time a program for dentists, co-sponsored by the American Dental Association, is included. Scheduled for Friday afternoon, October 21, it is entitled “Management of Medical-Dental Problems in Patients with Cardiovascular Diseases.” An all-day program for nurses, inaugurated successfully last year, has also been scheduled for Saturday, October 22.

Information relating to medical films, scientific and industrial exhibits and other features of the program are also included in the supplement.

AHA Annual Assembly Meeting

The AHA Assembly begins its Annual Meeting in St. Louis on Monday, October 24, and continues through Tuesday, October 25, in the Sheraton-Jefferson Hotel.

Delegates are invited to attend an open press conference on Sunday afternoon, October 23. The conference, on the subject of heart attacks, is under sponsorship of the Council on Community Service and Education. It will be moderated by Irvine H. Page, M.D., Director, Research Division, Cleveland Clinic Foundation, and former AHA President.

A report on recent achievements in medical and biological research will be presented by James V. Warren, M.D., Professor of Medicine and Chairman, Department of Internal Medicine, University of Texas Medical Branch, Galveston, at the opening general session on Monday morning.

Seven Assembly Panels will meet all day Monday to discuss the Association’s programs and policies. The general Assembly convenes on Tuesday morning to discuss Panel recommendations and elect AHA officers and Board members. The Association’s Annual Dinner will be held in the Sheraton-Jefferson Hotel on Sunday evening.

AHA Grant-In-Aid Applications
Deadline is November 1

Applications for Heart Association grants-in-aid for the fiscal year beginning July 1, 1961 must be received by the Assistant Medical Director for Research at the AHA National Office, 44 East 23rd Street, New York 10, N. Y., not later than November 1, 1960. The deadline for submitting applications for Research Fellowships and Established Investigatorships was September 15.

All applications for grants-in-aid must be made on forms obtainable from the Association. Grants are made to non-profit institutions in direct support of a particular investigator for a specific program of research under his direction. Awards are in support of research in the cardiovascular field or basic sciences for periods up to five years.

More AHA Affiliates Contribute
To Supplement National Research

Additional contributions to supplement the AHA national research support program in
fiscal 1960-61 have been received from Heart Associations as follows:

Cayuga County (N. Y.) Heart Chapter, $500, in partial support of a grant for Paul N. Yu, M.D., University of Rochester School of Medicine and Dentistry

Sullivan County (N. Y.) Heart Chapter, $2500, in partial support of a grant for Alvan R. Feinstein, M.D., Irvington House, Irvington-on-Hudson, N. Y.

This brings to more than $84,000 the total received from Heart Associations for supplementary support of national research which had been approved but could not be financed for lack of funds.

T. Duckett Jones Award Presented

Rebecca C. Lancefield, Ph.D., Member and Professor, The Rockefeller Institute, has been presented the 1960 T. Duckett Jones Memorial Award in recognition of her “extensive and fruitful investigations of the biology of hemolytic streptococci.”

Consisting of a $6500 stipend, the award was named for the late T. Duckett Jones, M.D., an authority on rheumatic fever. Before his death in 1954, Dr. Jones was active for many years in the Heart Association’s Council on Rheumatic Fever and Congenital Heart Disease. He also served as an AHA Vice President and Board member.

The annual award is made possible by contributions to the T. Duckett Jones Memorial Fund which are matched by the Helen Hay Whitney Foundation.

Meetings Calendar

October 21-23: American College of Cardiology, 9th Interim Meeting, St. Louis. Philip Reichert, American College of Cardiology, 350 Fifth Avenue, New York, N. Y.

October 21-25: American Heart Association, Annual Meeting and Scientific Sessions (October 21-23), St. Louis. American Heart Association, 44 East 23rd Street, New York 10, N. Y.


November 30-December 3: Canadian Heart Association and National Heart Foundation of Canada, Toronto. J. B. Armstrong, 501 Yonge Street, Toronto 5, Canada.

1961


March 20-24: American Surgical Association, Boca Raton, Fla. W. A. Altemeier, Cincinnati General Hospital, Cincinnati 29, Ohio.

April 10-14: American Physiological Society, Atlantic City. Ray G. Dagg, 9650 Wisconsim Ave., Washington 14, D. C.

April 17-20: American Academy of General Practice, Miami Beach. Mec F. Cahal, Volker at Brookside, Kansas City 12, Mo.

April 24-26: American Association for Thoracic Surgery, Philadelphia. Miss Ada Harvey, 7730 Carondelet Ave., St. Louis 5, Mo.


Abroad


1961


September 4-7: International Congress on Rheumatology, Rome. Prof. C. B. Ballabio, Clinica Medica Generale, Via F. Sforza 35, Milano, Italy.

1962

October: Fourth World Congress of Cardiology, Mexico City. I. Chavez, Ave. Cuauhtemoc, 300, Mexico, D. F.
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