strain on the myocardium. Attempts at complete correction of these defects within the first 2 years of life, in view of the prevailing surgical mortality is probably justifiable only as a last resort at the present time. The exact timing of operation between infancy and adolescence will depend on the condition of the individual patient and the preference of the surgeon. Fear of progression of pulmonary vascular disease should not be a deciding factor in this regard.

ALEXANDER S. NADAS
ABRAHAM M. RUDOLPH
ROBERT E. GROSS

Anurism of the Aorta; Singular Pulsation of the Arteries, Necessity of the Employment of the Stethoscope

BY DOMINIC JOHN CORRIGAN, M.D.

Lecturer on the Institutes and Practice of Medicine; one of the Physicians of the Sick-Poor Institution, Dublin.

Suppose an aneurism of the arch of the aorta; the pressure of the fluid on its internal surface will be as the area of the surface. The walls of the sac are not at all strong, in proportion to their extent. The same degree of strength that enables an artery, through its small diameter, to resist a distending force, is far from being sufficient for the sides of a cavity capable of containing a pint. The organic contractility of the arterial trunks, arising from the sac (or immediately by it) pressing the mass of fluid through the sides of the sac, and the mere hydrostatic pressure of the column of blood in the carotid, making, on the sides of the sac, a pressure, increasing, as their area, will cause a yielding in its sides, which does not take place in any other part of the arterial apparatus. Hence the arterial branches, the subclavian, brachial, &c., will, from this disproportion in the resistance, become, in some degree, emptied of their contained blood, by pouring it back on the cavity of the aneurism, after each systole of the heart. If the carotid have the area of an eighth of an inch, and contain half an ounce of blood, it produces a pressure of half an ounce upon every eighth of an inch over the interior of the sac. If the internal surface of the sac present an area one hundred or two hundred times greater than that of the base of the acrotid, the pressure on the sides of the sac will increase in the same proportion.—The Lancet 1:586, 1829.
A teacher I had in college, Professor Edwin B. Holt, once pointed out to me a fact of considerable bearing when one is dealing with abstract and collective nouns. "A word," he said, "that has many connotations can denote nothing; conversely, a word that denotes but one thing has no connotations." The word water, for example, has numerous connotations—"weak as water," "As the hart panteth after the water books," "as wet as water," etc.—but H₂O denotes but one thing and so has no connotations.

Now, it seems to me that part of the task of the poet or the essayist is to use the connotative words that exactly convey his feeling, whereas a part of the task of the scientist is to employ denotive words with comparable logical skill and verifiable precision—Alan Gregg, M.D. Challenges to Contemporary Medicine. New York, Columbia University Press, 1956, p. 100.


We may say on the grounds of incontestible experience, that, in their early stages, they are, in a large proportion of instances, susceptible of a perfect cure; and that, when not, they may, in general, be so far counteracted as not materially, and sometimes not at all, to curtail the existence of the patient. We may, accordingly, predict that the term "disease of the heart," which at present sounds like a death-knell when uttered by the physician, will hereafter become by familiarity not more alarming than the term asthma, under which it is frequently disguised.—J. Hope, M.D. Diseases of the Heart and Great Vessels. London, William Kidd, 1832, p. 20.
Immortality

A plant or vegetable consumed to ashes to a contemplative and school-Philosopher seems utterly destroyed, and the form to have taken his leave for ever; but to a sensible Artist—the forms are not perished, but withdrawn into their incombustible part, where they lie secure from the action of that devouring element. This is made good by experience, which can from the Ashes of a Plant revive the plant, and from its cinders recall it into its stalk and leaves again. What the Art of man can do in these inferior pieces, what blasphemy is it to affirm the finger of GOD cannot do in these more perfect and sensible structures. This is that mystical Philosophy, from whence no true Scholar becomes an Atheist, but from the visible effects of nature grows up a real Divine, and beholds not in a dream, as Ezekiel, but in an ocular and visible object, the types of his resurrection.—Sir Thomas Browne. Religio Medici. Edited by W. A. Greenhill, M.D. London, Macmillan and Co., Ltd., 1950, p. 76.
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William Beaumont recognized, grasped, and improved the opportunity which fell in his path, with a zeal and an unselfishness not excelled in the annals of medical science. . . . His work remains a model of patient, persevering investigation, experiment, and research, and the highest praise we can give him is to say that he lived up to and fulfilled the ideals with which he set out and which he expressed when he said: "Truth, like beauty, when unadorned, is adorned the most, and, in prosecuting these experiments and inquiries, I believe I have been guided by its light."—SIR WILLIAM OSLER. Aphorisms from His Bedside Teachings and Writing. Edited by William Bennett Bean, M.D. New York, Henry Schuman, Inc., 1950, p. 110.


To one that hath committed Murther, if the Judge should only ordain a Fine, it were a madness to call this a punishment, and to repine at the sentence, rather than admire the clemency of the Judge. Thus, our offences being mortal, and deserving not only Death, but Damnation, if the goodness of God be content to traverse and pass them over with a loss, misfortune, or disease, what frensie were it to term this a punishment, rather than as extremity of mercy, and to groan under the rod of His Judgments, rather than admire the Scepter of His Mercies! Therefore to adore, honour, and admire Him, is a debt of gratitude due from the obligation of our nature, states, and conditions; and with these thoughts, He that knows them best, will not deny that I adore Him.—Sir Thomas Browne. Religio Medici. Edited by W. A. Greenhill, M.D. London, Maemillan and Co., Ltd., 1950, p. 83.
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To such it might, perhaps, be a sufficiently philosophical answer to reply, that an improved knowledge of the nature and causes of a disease, must alone necessarily lead to an improvement in the treatment; and that therapeutic weapons are dangerous when wielded in the dark.—J. HOPE, M.D. *Diseases of the Heart and Great Vessels*. London, William Kidd, 1832, p. 19.
forceful injection as well as the side holes in the tubing favors more prompt and more complete mixing of blood and injected substance. Figure 4 illustrates the effects of position during clinical aortography. In this instance, faulty visualization of the right renal artery and major visceral branches of the abdominal aorta resulted from layering caused by (1) circulatory stasis from a Valsalva maneuver, (2) supine position, (3) low position of catheter tip, (4) relatively slow injection. The artifact was recognized and eliminated on a subsequent injection.

Conclusion

Experimental and clinical studies indicate that gravity plays a significant role in the distribution of contrast media injected into the cardiovascular system. Recognized, this factor need not give rise to false interpretation of findings; exploited, it may serve to enhance the selectivity of contrast visualization under appropriate circumstances.

Summario in Interlingua

Studios experimental e clinic indica que le gravitate ha un rolo significative in le distribution de medios de contrasto injicite in le systema cardiovascular. Recognoseite, iste factor non va causar false interpretationes del datos; exploitate, illo de facto pote servir a migliorar le selectivitate del visualisation contrastic sub appropriate circumstantias.

References

Now, I happen to be convinced that variety is much more than the spice of life: variety comes very near to being the most reliable guarantee of survival that we possess. Life is forever trying new combinations, different arrangements, various experiments.—ALAN GREGG, M.D. Challenges to Contemporary Medicine. New York, Columbia University Press, 1956, p. 95.