apy, including abstinence from tobacco, is more beneficial to patients said to have Buerger's disease than to patients of similar age with established forms of peripheral arterial insufficiency of comparable severity. Finally, some observers insist that the existence of an acute pathognomonic vascular lesion justifies acceptance of thromboangiitis obliterans as an entity. These same observers explain the paucity of specific arterial lesions on the fact that the disease is no longer as common as it once was. As indicated above, the specificity of the acute vascular lesion has never been established, and the data provided by Buerger's own photomicrographs lend no credence to the belief that the disease was seen more commonly before than after World War II.

This editorial will perhaps serve its most useful function, if these comments stimulate those physicians who still believe in the entity of Buerger's disease to review critically their own experiences with thromboangiitis obliterans.

STANFORD WESSLER

References

Whether my observations and opinions be disproved or supported, I shall be equally satisfied. Truth is the prize aimed for; and, in the contest, there is at least this consolation, that all the competitors may share equally the good attained.—DOMINIC JOHN CORRIGAN, M.D. The Lancet 1:586, 1829.

An Editor's Prayer to Contributors
Brevity in writing is the best insurance for its perusal.—Virchow


Men that look no farther than their outsides, think health an appurtenance unto life, and quarrel with their constitutions for being sick; but I, that have examined the parts of man, and know upon what tender filaments that Fabric hangs, do wonder that we are not always so; and, considering the thousand doors that lead to death, do thank my God that we can die but once.—Sir Thomas Browne. Religio Medici. Edited by W. A. Greenhill, M.D. London, Macmillan and Co., Ltd., 1960, p. 69.
With few exceptions, the tracings tended to regain their normal size on correction of anemia. No tracings showed fused HJ complexes, tall H waves, notched J waves, M patterns, or high-amplitude curves either before or after treatment.

The present study shows that the state of severe anemia of chronic duration, impairs the mechanical force of cardiac contractions, and, on improvement of anemia, the functional state of the heart improves. Thus, it reflects the usefulness of this new tool in assessing the functional status of the heart in patients with chronically severe anemia.

References

This velocity (systolic) is only the velocity of the blood at its first entering into the aorta, in the time of systole; in consequence of which the blood in the arteries, being forcibly propelled forward, with an accelerated impetus, thereby dilates the canal of the arteries, which begin again to contract at the instant the systole ceases; by which curious artifice of nature the blood is carried on in the finer capillaries, with an almost even tenor of velocity, in the same manner as the spouting water of some fire-engines is contrived to flow with a more even velocity, notwithstanding the alternate systoles and diastoles of the rising and falling embolus or force.—Stephen Hales, B.D., F.R.S. Haemastatics, Vol. II, London, 1733.

Observe, record, tabulate, communicate. Use your five senses.—Sir William Osler.

Circulation, Volume XXIII, February 1961

The investigator should not only possess but also train himself in keen powers of observation. He should be alert and watchful as events transpire in the course of experiments, so that nothing escapes his vigilance. We readily behold the familiar; we may overlook the unfamiliar. An old saying has it: 'We are prone to see what lies behind our eyes rather than what appears before them.'—WALTER B. CANNON, M.D. The Way of an Investigator. New York, W. W. Norton & Co., Inc., 1945, p. 36.


15. WATSON, D. G., AND KEITH, J. D.: To be published.


Please do not conclude that I argue for medical protection and care as the sumnum bonum of existence. Man cannot live by bread alone, even when it is whole wheat and reinforced with minerals and all the known vitamins. There are greater ends in living than health. These ends can be attained by those who are not even in perfect health. The same is true of food, housing, and clothing—not particularly rewarding as ends in themselves, but, like health, of considerable importance as means to whatever ends you may deem worthy of living for. In claiming that health is as important as food, shelter, and clothing, I do not imply that it is more important, nor even that health is as important as truth, beauty, or love. But I like to imagine that at the end of a year's prosaic labors in a hookworm campaign in, say, South America, a public health officer encountered a seller of musical instruments who said, "Senhor Doutor, I thank you for your work, because now the people are well enough to sing." Though different races find each other's because I have sold this year more violins and guitars in this village than ever before, arts, philosophies, and religions not always acceptable, there is a notable amount of agreement everywhere that health wherewith to follow and practice them is good.—ALAN GREGG, M.D. Challenges to Contemporary Medicine. New York, Columbia University Press, 1956, p. 79.

On first thoughts it may seem remarkable that scientific work like this should have been performed by a country parson. In the nineteenth century religion and science became mutually antagonistic, and at the present time it is still uncommon to see them in open association; but in the early years of the eighteenth century the Church looked with success to science for support.—A. E. Clark-Kennedy, M.D., M.R.C.P. Stephen Hales, D.D., F.R.S. Cambridge, University Press, 1929, p. 76.

Circulation, Volume XXIII, February 1961


When listening to heart murmurs you must tune up your auditory hair cells and flatten out your Pacinian corpuscles.—Sir William Osler. Aphorisms from His Bedside Teachings and Writings. Edited by William Bennett Bean, M.D. New York, Henry Schuman, Inc., 1950, p. 100.
on the same patient would be ideal for this type of investigation.

Summary
A technic of performing retrograde aortography for the study of aortic insufficiency is presented. The aortograms demonstrate the abnormal expansive movements of the aorta, and the to-and-fro motion of the opacified vascular column in the proximal portion of the aorta with systole and diastole. These phenomena were not observed in patients without aortic insufficiency. A method for calculating the stroke volume and the volume of regurgitation from these aortograms is presented.

References

A discovery is usually an unforeseen relation not confirmed in theory, for otherwise it would have been foreseen.—CLAUDE BERNARD


Aneurism 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.

Mr. J. D., a builder, (Cole's Lane), called on me, for the first time, in the early part of June. His complaint commenced about four months before that period, with sense of oppression and straitness in his chest, succeeded by cough, occasionally convulsive; the cough and oppression of chest always relieved by mucous expectoration. He might, at that time, have been selected as a man presenting the very vigour of health, finely made, full in flesh, of a florid complexion, and active in his limbs. . . .

On stripping him, the first remarkable appearance that caught the eye, was a singular pulsation of all the arterial trunks of the upper part of the body. As his arms hung by his side, the whole tract of the branchial and carotid arteries was thrown out in strong relief, at each impulse of the heart, as if the vessels, from having been previously comparatively empty, had become suddenly filled.—The Lancet 1:586, 1829.
me to see distinguished men like yourself engaged in this honorable arena." How pleased he would be if he could look in on the arenas of today!

References

7. Ibid. p. xvii.
8. Ibid. p. 128.

In the meantime this I know and declare to all men, that sometimes the blood passes in less, sometimes in more abundant quantitie, and the circuit of the blood is perform'd sometimes sooner, sometimes slower, according to the age, temperature, external and internal cause, accidents natural or unnatural, sleep, rest, food, exercise, passions of the mind, and the like.—William Harvey. De Motu Cordis, 1628.

Circulation, Volume XXIII, February 1961