


One still more recent change is observable relating to the current interpretation of disease. Quite significantly, our phraseology, which previously involved the word “disease,” has begun to change, and we hear of health maintenance, health protection, and the health professions. This change signifies a larger horizon, a larger task, a larger number and variety of skills and personnel, but it also aims at a more positive and desirable goal than the mere absence of disease. —Alan Gregg, M.D., Challenges to Contemporary Medicine. New York, Columbia University Press, 1956, p. 37.

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tion had both clinical and hemodynamic improvement (fig. 9).

Discussion

It is still too soon to present a valid opinion as to the lasting benefit of the original correction of mitral regurgitation. The benefit derived, however, in the majority of patients during this 3½ year period lends enthusiasm to the surgical approach to this otherwise progressively deteriorating disease. Further improvement in surgical technic will undoubtedly add to the effectiveness of the procedure. An analysis of the patients and their response to surgical therapy suggests that benefit derived is largely related to the status of the myocardium at the time of the surgical intervention and that greater help could have been provided if the operative correction had been performed when it became obvious that the pathologic process was progressive, rather than delaying until it was quite apparent that surgical help was mandatory.

On Permanent Patency of the Mouth of the Aorta, or Inadequacy of the Aortic Valves

By Dominic John Corrigan, M.D.

One of the Physicians to the Charitable Infirmary, Jervis Street, Dublin; Lecturer on the Theory and Practice of Medicine; Consulting Physician to St. Patrick's College, Maynooth.

... In the perfect state of the valvular apparatus at the mouth of the aorta, the valves support by intervals the column of blood in the aorta, and the heart with its ordinary complement of fibre and of muscular strength, is with this assistance competent to the office it has to perform. But when, in consequence of a deficiency in the valvular apparatus, the heart does not receive its due share of assistance from these valves, and is obliged to perform not only its own function of propelling the blood, but has in addition to support after each contraction a portion of that weight of blood which should then be wholly supported by the valves, it is no longer in its ordinary state equal to the task imposed upon it. In such circumstances, nature, to enable the heart to perform the additional labour thrown on it, increases its strength by an addition of muscular fibre, and the heart thus becomes hypertrophied, in accordance with the general law, that muscular fibres become thickened and strengthened when there is additional power required from it. Is this hypertrophy disease, or is it a wise provision of nature, by which the organ is thus made equal to the increased labour it has to perform? On the answer depends the treatment to be adopted; and on this there is no room for hesitation. A heart of ordinary strength could not, under the circumstances, carry on the circulation; and nature then wisely endows the heart with the requisite degree of strength. It is at once obvious that to interfere with this wise provision of nature, to diminish the strength of the heart, or, if we choose other words, to direct, according to the advice of Laennec, Bertin, etc. our measures against the hypertrophy of the organ, is to deprive the system of the only power which enables the heart to carry on the circulation.
STENOSIS OF LEFT VENTRICULAR OUTFLOW TRACT


Sir Thomas Browne
1605 – 1682

Sir Thomas Browne, one of the most illustrious medical philosophers, attended Oxford, studied medicine and practiced for 45 years in Norwich where he led a quiet, uneventful life. He had traveled widely on the continent and is said to have received his M.D. degree at the University of Leyden. His eldest son, Edward, became president of the Royal College of Physicians. The fame of Sir Thomas Browne rests almost entirely on four works: Religio Medici, Pseudodoxia Epidemica, a discourse on many errors; Urne-Buriall, a discourse of the sepulchral urns lately found in Norfolk; The Garden of Cyprus, the network plantations of the ancients.

In 1642 a copy of his Religio Medici, which he described as “a private exercise directed to myself” was printed from one of his manuscripts and became popular with remarkable rapidity. His erudition, his speculations on the problems of existence, and the quaintness of his style have sustained the appeal of his writings over the intervening centuries. A total of over 55 editions has been published in English, French, Dutch, and German. “I love,” he says, “to lose myself in a mystery, to pursue my reason to an O, Altitude.” Interested in natural history, archeology, literature, and theology and blessed by a wide circle of scientific friends, his reflections reached into innumerable areas of inquiry.

In 1664 he was made an honorary Fellow of the Royal College of Physicians and in 1671 he was knighted by Charles II. As Osler remarks, “A life placid, uneventful and easy, without stress or strain, happy in his friends, his family and his work, he expressed in it that harmony of the inner and of the outer man which it is the aim of all true philosophy to attain, and which he inculcated so nobly and in such noble words in the Religio Medici and in the Christian Morals.”

The end came unexpectedly in his 77th year on his birthday, October 19, 1682.


In 1719, Alexander Pope the poet moved from Chiswick, and bought a house and five acres of land at Twickenham. He was one of the few at that time who wrote against cruelty to animals and the prevalent passion for brutal amusements. He was now a near neighbour to Hales of Teddington, and, though Pope was a Roman Catholic and had a horror of Hale's experiments, they became friends. Visits to each other's houses were frequent; Pope appealing for expert advice on some horticultural problem, and Hales assisting in laying out Pope's grotto garden. "I shall be very glad to see Dr. Hales," he is reputed to have said, "and always love to see him, he is so worthy and good a man. Yes, he is a very good man, only I'm sorry he has his hands so much imbued in blood." "What, he cuts up rats?" inquired Spence. "Ay! and dogs, too. Indeed, he commits most of these barbarities with the thought of being of use to man. But how do we know that we have a right to kill creatures that we are so little above as dogs, for our curiosity?"—JOSEPH SPENCE. Anecdotes, observations and characters of books and men, collected from the conversation of Mr. Pope. London, 1820, p. 293.
15. 

SHOPE, R. E.: Cited by Katz et al.14


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The Spirit of Adventure

Investigators do not march straight to their goal with ease and directness. In their imagination they see a possible fact and they set forth to learn whether their foresight can be realized. Or they come upon something which is puzzling and challenging and which they wish to explain; then they try in various ways to relate it to other phenomena that would solve the riddle. The search for understanding is an adventure or, more commonly, a series of adventures. If an attempt in one direction fails, the failure is not discouraging to an eager explorer. When the goal is reached, there is occasion for joy and exultation. A conquest has been achieved. New knowledge has been gained which deeply satisfies both the explorer’s adventurous spirit and his persistent curiosity.—WALTER B. CANNON, M.D., The Way of An Investigator. New York, W. W. Norton & Company, Inc., 1945, p. 22.

Harvey’s contemporary, Francis Bacon, sagaciously guessed that heat is an expansive motion of particles; but he regarded heat and cold as two contrary principles. Almost in the same generation the brilliant John Mayow perceived a substance in the air “allied to saltpetre,” which passed in and out of the blood by the way of the lungs or placenta. “Innate heat” then gave way to phlogiston; but it was not till the discovery of oxygen and of the conservation of energy that we attained a theory of energy, and finally got rid of “matter and form,” and of all the thicket of metaphysics, relating thereto; through which in the day of Harvey no mind, however mighty, could have made its way.—Thomas Clifford Albott, M.A., M.D. Science and Medieval Thought, London, C. J. Clay and Sons, 1901, p. 50.
On Cardiac Murmurs

By Austin Flint, M.D.

The clinical study of cardiac murmurs, within the last few years, has led to our present knowledge of the diagnosis of valvular lesions of the heart. By means of the organic murmurs it is positively ascertained that lesions exist in cases in which, without taking cognizance of the murmurs, the existence of lesions could only be guessed at. The absence of the organic murmurs, on the other hand, enables us generally to conclude with positiveness that valvular lesions do not exist. As a rule, to which there are but few exceptions, these lesions may be excluded, if there be no murmur.—Am. J. M. Sc. n.s. 44: 29, 1862.
PROGNOSIS OF MYOCARDIAL INFARCTION

The prognosis is subject, however, to the well-known, bizarre, and unpredictable nature of the disease. Authors¹, ⁶ agree that no single physical finding or test can be a prognostic guide. Pending better methods to estimate the efficiency of the coronary circulation, prognosis can be best judged by the degree of functional recovery.

Periodic examinations are of no value in predicting the occurrence of the second infarct. Re-examinations are of value in detecting the earlier evidences of myocardial failure, the symptoms and electrocardiographic signs of increasing myocardial ischemia, and in controlling factors that adversely effect the prognosis.

None of the men reported in this series was treated with anticoagulants following the first infarct. Four men now working following their second infarct are taking anticoagulants.

Summary

The 5-year prognosis of 202 railway operating employees returning to full-time work after their initial myocardial infarction and the 10-year survival rates of 97 of these men have been described. The 5-year survival rate was 83 per cent and the 10-year survival rate was 57 per cent.

Twenty-five per cent of these men died or were totally disabled at the end of 5 years and 50 per cent at the end of 10 years. The cause of death or disability following the initial infarction was largely due to recurrent myocardial infarction.

The prognosis for men returning to full-time activity after the first myocardial infarction is better than that reported for those surviving without consideration for their functional recovery. This better prognosis is not due to freedom from second infarctions but to a decreased incidence of myocardial failure and the ability better to survive and tolerate a second infarction.

References


Introspection

Perpetual self-inspection leads to spiritual hypochondriasis.—OLIVER WENDELL HOLMES, M.D. Pages from an Old Volume of Life, 1883.
SMALL VENTRICULAR SEPTAL DEFECT

may be difficult under certain circumstances. Furthermore, it is suggested that the definition of an "innocent" or "functional" murmur may depend on the sensitivity of the diagnostic methods used.

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References

Religio Medici
Nature a Bible Open to All

Thus there are two Books from whence I collect my Divinity; besides that written one of GOD, another of His servant Nature, that universal and publick Manuscript, that lies expans'd unto the Eyes of all: those that never saw Him in the one, have discovered Him in the other.—Sir THOMAS BROWNE. Religio Medici, 1642. Edited by W. A. Greenhill, M.D., Oxon., London, MacMillan and Co., Limited, 1950, p. 27.
The great and fruitful ideas which Darwin brought to the attention of the whole world have long since been incorporated into human thought. Not the least important among them is the new scientific concept of fitness, as it emerges from the discussion of natural selection. Before Darwin, this concept possessed all the vagueness of an idea which, though in part founded on observation, was not to be explained with the help of existing scientific theories. But although Darwin's fitness involves that which fits and that which is fitted, or more correctly a reciprocal relationship, it has been the habit of biologists since Darwin to consider only the adaptations of the living organism to the environment. For them, in fact, the environment, in its past, present, and future, has been an independent variable. Yet fitness there must be, in environment as well as in the organism. How, for example, could man adapt his civilization to water power if no water power existed within his reach?—Lawrence J. Henderson. The Fitness of the Environment. New York, The MacMillan Co., 1924 p. 5.
Acknowledgment

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References


Then, to gain some idea of the quantity of air that was actually taken into the body during breathing, he constructed inspiratory and expiratory valves, and inspired a measured volume of air out of a container; at the same time he collected all his expired air over water (Plate IX, fig. A). On returning his expired air back into the container, he found that 1/136th of its original volume had disappeared.—A. E. Clark-Kennedy, M.D., M.R.C.P. *Stephen Hales, D.D., F.R.S.* Cambridge, University Press, 1929, p. 102.


An account of formative influences which have affected a career should quite properly start with inheritance. It may not be possible to trace the appearance of many traits from generation to generation through a considerable past—the combinations of determinative factors become too complicated as the numbers in the ancestry multiply. Sometimes, however, the transmission of the infinitesimal hereditary packets in germ cells is demonstrated by peculiar features clearly distinguishable in a long family line. The famous Hapsburg lip is an eminent example. . . . . . . Besides biological inheritance there is tradition to be recognized as a potent agency in affecting behavior.—WALTER B. CANNON, M.D. New York, W. W. Norton & Co., Inc., 1945, p. 11.
In view of the possibility of producing atrio-ventricular block during the conversion of atrial flutter to sinus rhythm, it is well advised that constant cardiac monitoring, with a pacemaker-monitor be undertaken in all cases showing impaired conduction. Certainly in the first case, the use of an electric pacemaker\(^5\) \(^6\) was lifesaving in maintaining ventricular activity until the drug effects had subsided.

**Summary**

Digitalis may have an additive effect on impaired atrioventricular conduction, so that atrial flutter with variable ventricular response may progress to complete heart block with ventricular asystole.

Two cases are presented of atrial flutter with variable ventricular response in whom ventricular standstill occurred during digitalis therapy.

External electric stimulation of the heart can maintain the circulation in digitalis-induced ventricular standstill.

**References**


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Do not rashly use every new product of which the peripatetic siren sings. Consider what surprising reactions may occur in the laboratory from the careless mixing of unknown substances. Be as considerate of your patient and yourself as you are of the test-tube.—**Sir William Osler**. *Aphorisms from His Bedside Teachings and Writings*. Edited by William Bennett Bean, M.D. New York, Henry Schuman, Inc., 1950, p. 103.
INTRACARDIAC MYXOMAS


Every author contrives, I believe, to persuade himself that the work which consumes his own midnight oil, is precisely the one that is wanted. It is for the reader to determine whether I labour under the delusion common to my brethren.—J. HOPE, M.D. Diseases of the Heart and Great Vessels. London, William Kidd, 1832, p. 10.