EDITORIAL


The Effects of Artificial Electricity on Muscular Motion

I dissected and prepared a frog, and placed it on a table, on which was an electrical machine widely removed from its conductor and separated by no brief interval. When by chance one of those who were assisting me gently touched the point of a scalpel to the medial crural nerves of this frog, immediately all the muscles of the limbs seemed to be so contracted that they appeared to have fallen into violent tonic convulsions. But another of the assistants, who was on hand when I did electrical experiments, seemed to observe that the same thing occurred whenever a spark was discharged from the conductor of the machine.—Luigi Galvani. Commentary on the Effect of Electricity on Muscular Motion. Translated by Robert Montraville Green, M.D. Cambridge, Massachusetts, Elizabeth Licht, Publisher, 1953, p. 24.

Circulation, Volume XXVII, March 1963

Imperturbability

Imperturbability means coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of great peril, immobility, impassiveness, or, to use an old and expressive word, phlegm. It is the quality which is most appreciated by the laity though often misunderstood by them; and the physician who has the misfortune to be without it, who betrays indecision and worry and who shows that he is flustered and flurried in ordinary emergencies, loses rapidly the confidence of his patients. . . .

In a true and perfect form, imperturbability is indissolubly associated with wide experience and an intimate knowledge of the varied aspects of disease. With such advantages he is so equipped that no eventuality can disturb the mental equilibrium of the physician; the possibilities are always manifest, and the course of action clear. From its very nature this precious quality is liable to be misinterpreted, and the general accusation of hardness, so often brought against the profession, has here its foundation. Now a certain measure of insensibility is not only an advantage, but a positive necessity in the exercise of a calm judgment, and in carrying out delicate operations. Keen sensibility is doubtless a virtue of high order, when it does not interfere with steadiness of hand or coolness of nerve; but for the practitioner in his working-day world, a callousness which only thinks of the good to be effected, and goes ahead regardless of smaller considerations, is the preferable quality.—OSLER (Aequanimitas, 1889). The Quiet Art: A Doctor's Anthology. Compiled by Dr. ROBERT COOPE. Edinburgh & London, E. & S. Livingstone Ltd., 1952, p. 205.

The Art of Detachment

A rare and precious gift is the Art of Detachment by which a man may so separate himself from a life-long environment as to take a panoramic view of the conditions under which he has lived and moved: it frees him from Plato's den long enough to see the realities as they are, the shadows as they appear.—W. RUSSELL BRAIN. Foreword. The Quiet Art: A Doctor's Anthology. Compiled by Dr. ROBERT COOPE. Edinburgh & London, E. & S. Livingstone Ltd., 1952.
Acknowledgment

The authors wish to thank the subjects for their willing cooperation, with a special note of thanks to Miss Beatrice Stratton, Dietitian, Metropolitan Life Insurance Company, for the preparation and supervision of the diets.

References
5. VAN HEANDEL, E., AND ZILVERSMIT, D. B.: Micro-method for the direct determination of serum


Giovanni Battista Morgagni, the Founder of Pathologic Anatomy

The great estimation in which Morgagni was held is best revealed by his intimate relationships with learned men of his time, such as Ruysch, Boerhaave, Mead, Haller, and Meckel. This wide acquaintanceship brought him recognition from all parts of the world. Morgagni was elected to the important royal societies and academies of his day—England, 1724; Paris, 1731; St. Petersburg, 1735; and Berlin, 1754.

All these distinctions did not seem to disturb the patriarchal serenity of Morgagni. To quote the concise expression of Walsh, Morgagni was “a simple, happy man of domestic tastes…”

Nature sometimes seems to take pleasure in releasing the boundaries of time for those laboring in behalf of the common good. Morgagni lived to be eighty-nine years old and, to the last, retained clearness of thought and limitless energy.

Morgagni had seen and assembled in his five books the major facts in the gross representation of disease from head to heel—a capite ad calcem—and had succeeded in laying them, in orderly fashion, before a bewildered medical world in one of his greatest classics.

It would be a mistake to consider the Seats and Causes of Disease a book of pathology in the modern sense. It could better be identified... as a medical work with anatomic explanations of disease symptoms. The uniqueness of the work lies in its complete correlation between the patient's ailment and the post-mortem revelation. The “anatomical concept” (Gedanke), as Virchow called it many years later, had broken the humoral speculation on the essential nature of disease by disclosing its perceptible seat.—C. G. Tedesch, M.D. Giovanni Battista Morgagni, The Founder of Pathologic Anatomy: A Biographic Sketch On the Occasion of the 200th Anniversary Of The Publication Of His “De sedibus et causis morborum per anatomen indagatis.” The Boston Medical Quarterly 12:118, 1961. 

Circulation, Volume XXVII, March 1963
Knowledge and Ignorance, Pride and Power

Absolute knowledge could, therefore, leave nothing outside itself; and only on condition of knowing everything could man be granted its attainment. Man behaves as if he were destined to reach this absolute knowledge; and the incessant why which he puts to nature proves it. Indeed, this hope, constantly disappointed, constantly reborn, sustains and always will sustain successive generations in the passionate search for truth.

Our feelings lead us at first to believe that absolute truth must lie within our realm; but study takes from us, little by little, these chimerical conceits. Science has just the privilege of teaching us what we do not know, by replacing feeling with reason and experience and clearly showing us the present boundaries of our knowledge. But by a marvellous compensation, science, in humbling our pride, proportionately increases our power. Men of science who carry experimental analysis to the point of relatively determining a phenomenon doubtless see clearly their own ignorance of the phenomenon in its primary cause; but they have become its master; the instrument at work is unknown, but they can use it. This is true of all experimental sciences in which we can reach only relative or partial truths and know phenomena only in their necessary conditions. But this knowledge is enough to broaden our power over nature. Though we do not know the essence of phenomena, we can produce or prevent their appearance, because we can regulate their physico-chemical conditions. We do not know the essence of fire, of electricity, of light, and still we regulate their phenomena to our own advantage. We know absolutely nothing of the essence even of life; but we shall nevertheless regulate vital phenomena as soon as we know enough of their necessary conditions. Only in living bodies these conditions are much more complex and more difficult to grasp than in inorganic bodies; that is the whole difference.—CLAUDE BERNARD, M.D. An Introduction to the Study of Experimental Medicine. New York, The Macmillan Company, 1927, p. 82.


Religio Medici

Whether Eve was framed out of the left side of Adam, I dispute not; because I stand not yet assured which is the right side of a man, or whether there be any such distinction in nature: that she was edified out of the Rib of Adam I believe, yet raise no question who shall arise with that Rib at the Resurrection.—Sir Thomas Browne. Religio Medici. Edited by W. A. Greenhill, M.D. London, MacMillan and Co., Ltd., 1850, p. 38.

Training the Doctor of Tomorrow

We have been arguing about medical education in America for over two hundred years, but especially during the past fifty years when the arguments have been very heated and, at times acrimonious. We argue about medical education today, and the argument is sometimes filled with confusion. The confusion arises because we are dissatisfied and sometimes frustrated over not knowing how to present, assimilate, and communicate the new knowledge imaginatively that is emerging from research and, at times, we do not define what we are trying to do—that is, we do not define our objectives. Furthermore, confusion arises because it is not wholly appreciated that medical education of high quality has an economic determinant.

There is only one subject matter for medical education and for the education of the doctor, and that is life in all its manifestations. All modern doctors today are seeking a better understanding of life and of the insistent present. No more deadly harm can come to us than by depreciation of the present. The present contains all there is, and the only use of knowledge of the past is to equip us for the present, or, as it is carved in stone on the Department of Justice building in our national capital, “The Past is Prologue.”—Chester S. Keefer, M.D. Training the Doctor of Tomorrow, Boston, The Boston Medical Quarterly 12: 85, 1961.
Conversing with the Patient and his Friends

To patient or to patient’s friend simple and unmistakable language should be used; veiled statements are too apt to be misinterpreted. The words must be chosen thoughtfully. The word “disease” should never be used; disease of the heart conveys at once to most patients the idea of something incurable and threatening. The language should be as untechnical as it can be made. A patient has a right to be told what ails him, if he so desires, in terms that convey an idea of the magnitude and significance of the trouble; he has no right to technical diagnostic terms, and it is very rarely wise to parade these before him. Accurate information cannot be conveyed by means of strange words, which to uncustomed ears bring unintended meanings; and for many the word once caught up becomes a matter requiring search in medical books, or a topic of debate with other patients. Thus the word “angina” should never come first from a doctor, if it is understood at all it will convey in almost all instances an ominous meaning; yet the prognosis varies up to fifteen years. The word “dropsy” is to be avoided, and the adjective “malignant” eliminated completely from the medical man’s vocabulary. The valves should not be named, nor murmurs mentioned. These names and details should be of no concern to patients. Methods of examination likewise require little or no explanation; a clear example of the unhappy effects of unnecessarily disclosing technical detail is the well-known instance of high blood-pressure readings.—Sir Thomas Lewis (Diseases of the Heart Macmillan Co. Ltd.). The Quiet Art: A Doctor’s Anthology. Compiled by Dr. Robert Coote, Edinburgh & London, E. & S. Livingstone Ltd., 1952, p. 237.