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EDITORIAL

With the aid of several public-spirited life insurance companies, and the Bureau of the Census, married men in good health between the ages of 45 and 54 were invited by mail to meetings held by the investigators to discuss the nature of the experiment. The response to these letters was above expectation, but only 250 could be accepted into each study group. Physical examinations, laboratory tests, and blood cholesterol measurements preceded their acceptance to eliminate the overtly pathological. Participants must request permission of their physician before acceptance. This is a research program, not a therapeutic one. The same rigid, common protocol is used in each of the five groups. The study is double blind.

During this feasibility study, involving some 1,500 men, we shall try to determine first whether there is sufficient adherence to the prescribed diet to justify going on with it, and second to determine how large-scale studies concerned with changing the eating habits of people might be conducted. It must be realized that this is the first time such a mass experiment with a free-living population has been attempted, and it is one that deeply concerns the pleasures, ingrained habits, and prejudices of people. If it is shown that such a study is feasible, then plans will be readied for the main experiment involving approximately 100,000 people.

Diet modification has been made relatively easy by making available for purchase a variety of especially prepared low-fat and (polyunsaturated) oil-filled foods. The special foods are available to these research subjects only. Certain foods such as eggs are limited and some, such as salt pork and spare ribs, are "off limits." Many foods are purchased at regular markets.

We are off to an excellent start. The cooperation of the food industry, medical societies, and a variety of public-spirited individuals and companies has been most heartening. Most of the inertia and hostility to such an experiment seems to have evaporated. The costs for this type of project are considerable. In terms of the millions who die from this disease every year the cost is small, especially when compared with budgets for most other major problems, such as atomic energy or landing on the moon. No one knows whether a free-living, healthy population will continue with the changes in eating habits we suggest. Nor do we know whether, if their blood cholesterol levels are moderately reduced, heart attacks will decrease. At least we will try to find out. In so doing we hope to learn a great deal not only about diet but about that most interesting and odd creature called "Man." We may even find out why he is so reluctant to face up to the problem that kills the vast majority of men who live in our economy of abundance.

IRVINE H. PAGE, M.D.

Principles of Medical Sciences

In reviewing the principles of method by which the task of the medical sciences is to be carried forward we have reason to group the resources available into three classes: first, experiment with animals; secondly, experiment with man; and, thirdly, clinical observation. All of these methods are necessary for sound and continuous progress, but each has its special province, and each has certain limitations which prevent its being wholly independent of the others.—The Collected Papers of Wilfred Trotter, F.R.S. London, Oxford University Press, 1946, p. 125.

The Medical Profession: Human Understanding and Peace

Because of the nature of our profession, born to care for the health of men, of all men, protecting them against misfortune, we cannot remain coldly indifferent, like mere spectators, to the visible menace of our age.

Each day the world sickens more with distrust and fear, bringing us at times to the verge of despair. It falls to us to play our part to uproot these evils, to serve the cause of human understanding, to fight to ensure peace; that peace which is the slogan of no man because it is the banner of all men whatever their country, their colour, or their religion may be; that peace sought by him who follows Buddha, by him who believes in the God of Mahomet, and by him who prays to Christ; that peace to which all men of goodwill on the earth aspire.—Dr. Ignacio Chávez. Speech delivered at the Inaugural Ceremony of the IV World Congress of Cardiology. Universidad Nacional Autónoma De México, México, D.F., 1962, p. 10.


The Size of the Liver and Engorged Neck Veins

If it is beyond question that the veins of the neck are bilaterally congested and it is equally beyond doubt that the liver is not enlarged, an obstruction of the superior cava must be considered. Its diagnosis will rest upon the discovery of anastomotic veins and upon failure to induce the veins of the neck to pulsate. A second reason for the same discrepancy is atrophic cirrhosis of the liver in a congested patient; the diagnosis of the liver condition will then turn upon the degree of hardness, and perhaps irregularity, of the liver margin.

There is the reverse case: an engorgement of the liver has been present for a long time and the venous spaces within have become permanently dilated and its substance a little or much fibrosed. In such, even if the signs of increased pressure in the veins greatly decline, the size of the liver may not decrease much or proportionately. It is a discrepancy which previous knowledge of the course of the malady explains.—Sir Thomas Lewis, Diseases of the Heart. New York, The Macmillan Company, 1933, p. 16.
ous digitalis therapy and long-term careful observation. Several of the late deaths, occurring when digoxin therapy was abruptly discontinued without evidence of long-term cardiac stability, emphasized this point.

Long-term prognosis would appear to be good in those patients with normal heart size and electrocardiogram. What happens to the thickened endocardium is unknown. Meager data at the present would indicate that endocardial thickening is maintained. It remains to be seen whether these hearts effectively handle the degenerative diseases of later life.

Summary

Fifty-six patients with the clinical diagnosis of primary endocardial fibroelastosis have been reviewed. There was an over-all mortality rate of 44 per cent and a long-term survival of 56 per cent. Of 31 long-term survivors, 27 are without cardiac symptomatology or cardiomegaly. The method and rationale of therapy are reviewed.

References

William Withering and Edward Jenner

Withering and Jenner lived and worked not far apart, the distance between Birmingham and Berkeley being no more than sixty miles. Withering was born in 1741 and Jenner in 1749. There is a close parallel between their lives and work. Both were essentially country bred and country doctors interested in natural history as well as medicine, Withering a botanist and Jenner an ornithologist. Both took a countryside tradition, in Withering's case a local herb remedy, in Jenner's case a disease of the dairy cattle of Gloucestershire. The herb remedy and the local tradition regarding cowpox were each converted into agents of inestimable value in the treatment and the prevention of disease through the genius of these two country doctors.—Louis H. Roddis, M.D. William Withering: The Introduction of Digitalis Into Medical Practice. New York, Paul B. Hoeber, Inc., 1936, p. 121.
16. LAURENS, GoRLIN, CHIDSEY, 14.

On Pharmacy and Prescribing

Pharmacy is the art of preparing & compounding medicines, so as to exalt their virtues, obviate their ill qualities, & render them less nauseous to the patient. The business of this is committed to the apothecary; but as the how it shall be done belongs wholly to the physician (for the officinal as well as extemporaneous forms come from him) so it is necessary that he should be acquainted with it.—William HEBERDEN. An Introduction to the Study of Physic. New York, Paul B. Hoeber, Inc., 1929, p. 90.
tion tests and measured esophageal pressures on several of these patients.

References

Background
Whoever then devotes himself to this useful study & would make the greatest advantage of this short life in the pursuit of so extensive an art, should first take a view of its rise & progress and present state. But, I should premise, he is supposed to come to this study sufficiently versed in Latin & Greek & able to read over one or two modern languages. And tho’ his character as a scholar (for every physician is expected to be such) besides his acquaintance with the ancient classical writers, requires that he should not be ignorant of geography, chronology, history, logic, metaphysics, ethics, mathematics and natural philosophy; yet of all these the two last demand his especial attention, if he would be secure from error, & superstition, from mistaken theories and ill grounded practice. Thus prepared then let him take a general survey of the ancient and present state of physic.—William Heberden. An Introduction to the Study of Physic. New York, Paul B. Hoeber, Inc., 1929, p. 77.

Reaction to Harvey’s Discovery of the Circulation

Harvey’s book was not an overwhelming success. Some members of the College of Physicians spoke of it with complimentary recognition. But at least one of his colleagues went on teaching the movement of the blood in the hall of barbers and surgeons for years as if he had never even heard of him, although he knew Harvey and his views very well.

He had to put up with many mocking remarks from other sources, he was called “circulator,” as the attendants on quack doctors at fairs were called, for there was too frequent mention of the circular movement of the blood in his book. His practice fell off appreciably. Was it not a matter to be weighed very carefully whether to turn to a physician who was held in contempt by a number of professors and barbers of great distinction?

The apothecaries did not value his prescriptions, which was very unusual in the case of a court physician. In one case he was even sued for overlooking a fracture in one of his patients.—Tibor Doby, M.D. Discoverers of Blood Circulation. From Aristotle to the Times of Da Vinci and Harvey. New York, Abelard-Schuman, 1963, p. 208.
temic) pulmonary artery may obliterate post-natally, thus impairing maturation of the terminal portion. This would explain the frequent failure to demonstrate the artery by angiography and, occasionally, at dissection.

References

William Withering

In 1783 Withering's health broke down completely and undoubted evidence of tuberculous infection of the lungs manifested itself. He was compelled to give up practice for several months and take a complete rest and, though he made a good recovery, in the following year he was again compelled to stop work.

Withering spent some of the time during this period in preparing for the Royal Society the paper "Experiments and Observations on the Terra Ponderosa," in which he described the natural barium carbonate named Witherite in his honor by the German geologist Werner, in 1790.

The most important task, however, was the preparation of his book on digitalis. This appeared in 1785 under the title "An Account of the Foxglove."—Louis H. Roddis, M.D. William Withering: The Introduction of Digitalis Into Medical Practice. New York, Paul B. Hoeber, Inc., 1936, p. 60.
Summary
Congenital pericardial defect is a rare anomaly with a total of 115 cases in the literature. The two cases discussed are the first reported to be associated with tetralogy of Fallot. The only known case of herniation of normal lung through a pericardial defect into the pericardial cavity is described.

References

Our Incomplete Knowledge of Cardiac Hypertrophy
There are many cases of hypertrophy, and of great hypertrophy of the heart, in which during life and after death no source of increased work can be discovered. The degree of enlargement found in many hearts in which there is a valve defect, such as aortic regurgitation or mitral stenosis, is sometimes out of all proportion to the apparent increase of burden. There is still much that remains to be explained; it is clear that there must be hidden sources of increased work, or the conclusion that increased work is the cause of hypertrophy needs revision.—Sir Thomas Lewis. Diseases of the Heart. New York, The Macmillan Company, 1933, p. 106.
1951 to 1960 inclusive, 30 were considered as having primary erythermalgia because of the absence of demonstrable associated conditions, and the rest were classified as having secondary erythermalgia because the condition was associated with various diseases. Particularly significant was the relation of erythermalgia to the myeloproliferative disorders as evidenced in 10 cases. In some of these cases, erythermalgia preceded other manifestations of the myeloproliferative disorder by as long as 12 years. The primary type was found to occur in younger individuals and to be more often bilateral, to produce pain of greater intensity, and to involve larger areas of the affected extremities. The pathologic physiology of this syndrome remains unknown.

References

2. Mitchell, S. W.: On a rare vaso-motor neurosis of the extremities, and on the maladies with which it may be confounded. Am. J. M. Sc. 76: 2, 1878.

Dissecting Aneurysm

Dissecting aneurysm, as found in the body of George II, was described in 1760 by Frank Nicholls (1699-1778), whose experiments had shown that the two inner coats of arteries can be ruptured while the external coat remains intact. The name “dissecting” was first used by Maunoir in 1802; Laennec gave a careful description of a case and Peacock, Boström, and Adami made collections of the known cases.—Sir Humphry Davy Rolleston. The Harveian Oration. Great Britain, Cambridge University Press, 1928, p. 58.