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out significant features present at birth, it may well be possible to devise methods for manipulating metabolism before damage to vital structures, particularly the brain and heart, have occurred.

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References


Natural Laws

Natural laws there probably are, rigid and unchanging ones at that. Understand them and they are beneficent; we can use them for our purposes and make them the slaves of our desires. Misunderstand them and they are monsters who may grind us to powder or crush us in the dust.—HENRY A. ROWLAND.


"Medicine—A Learned and a Learning Profession"

The medical profession, with its commitment to change, is a *learning* as well as a learned profession. For centuries, medicine, like the law, relied on the careful observation of actual "cases," and the cautious trial of new methods to see whether they might "work." Advance was agonizingly slow with this "trial and error" learning method; but more recently, medicine, along with other useful arts, has based its learning on a changed scientific approach to its problems. Because of this new approach, and in order to understand contemporary medicine more clearly, it is necessary for us to pause for a moment and glance at Science—the moving force in the modern world which, in the present century, has reached a stature justifying its identification as the fourth learned profession.—Introduction, Edward D. Churchill, M.D. *Listen to Leaders in Medicine*. Edited by Albert Love and James Saxon Childers. Atlanta, Tupper and Love, Inc., 1963, p. 5.
normal subject, fails to provoke an increase in cardiac output or in stroke volume. On the other hand, smoking does increase the heart rate in subjects with healed myocardial infarction. This dissociation between the effect on heart rate and on cardiac output and stroke volume, which was also noted in the healthy subject pretreated with glucose, indicates that increase in heart rate is mediated by different factors than those that increase stroke volume and cardiac output.

References

Reports of Medical Cases, With a View of Illustrating the Symptoms and Cure of Diseases
By Richard Bright—1827

The appearances thus presented on examination were in the most perfect accordance with what I had anticipated, and even previously committed to writing. I had been able to trace very little evidence of disease either in the heart, the lungs, the liver or any other organ to the derangement of which we usually ascribe dropsy; but I had observed the well marked symptoms of renal irritation and disorder, from which I have of late been led to look for decided changes in the kidney; the invasion of the disease had been sudden, apparently from repressed perspiration; the urine had been highly coagulable, and had at different times been loaded with the red particles of blood; and the ordinary medicines exhibited with unusual care and skill had failed in making any favourable impression on the disease.—Original Papers of Richard Bright on Renal Disease. Edited by A. Arnold Osman. London, Oxford University Press, 1937, pp. 16-17.
INTERVENTRICULAR SEPTAL DEFECT


Collateral Circulation

Original Distribution, and Changes, of Arteries. It may be observed, . . . that when an artery supplying a part or parts is obstructed, other arteries leading to those parts increase in size so as to convey to them the same quantity of blood.—Collections from the Unpublished Medical Writings of the Late Caleb Hillier Parry, M.D.F.R.S. Vol. I., London, Underwoods, Fleet-Street, 1825, p. 67.
Acknowledgment

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References


Coronary Thrombosis

The syndrome of thrombosis of the coronary arteries, long included in angina, has quite recently been isolated, though Harvey's description of Sir Robert Darcy's case, in his second Disquisition to J. Riolan, in which the wall of the left ventricle was ruptured apparently as the result of "an impediment to the passage of the blood from the left ventricle into the arteries," has now been recognized as an early example. The syndrome, first described in 1910 by Obrastzow and Strachesko and again in 1912 by J. B. Herrick, is, now that its characteristic features have been pointed out, obviously a frequent event... Isolated cases had been reported in 1884 by Leyden and even diagnosed by Hammer in 1878, and it is easy to wonder why coronary occlusion, long recognized pathologically, had not been correlated earlier with a clinical picture.—Sir Humphry Davy Rolleston. The Harveian Oration. Great Britain, Cambridge University Press, 1928, p. 92.
mend this modification of the transseptal technic of left heart catheterization.

References


William Harvey and the Scientific Revolution

Prior to the Scientific Revolution, medicine had already long been grounded on the descriptive and observational sciences, and subjects such as anatomy had become a well-developed study as early as the sixteenth century. Indeed, in 1628, William Harvey, anticipating the introduction of experiment into human biology, announced a discovery that united structure and function—the heart acts as a pump and the blood moves in continuous circulation through the body. Perhaps looking at the valves in the heart started Harvey thinking and soon he began simple experiments with the valves in his own veins. Measurement also played an important part in this discovery, for Harvey measured the capacity of the heart and found that in a single hour it pumped a much larger quantity of blood than the amount present in the whole body.—Introduction, Edward D. Churchill, M.D. Listen to Leaders in Medicine. Edited by Albert Love and James Saxon Childers. Atlanta, Tupper and Love, Inc., 1963, p. 6.

As no two faces, so no two cases are alike in all respects, and unfortunately it is not only the disease itself which is so varied, but the subjects themselves have peculiarities which modify its action.—Sir William Osler. Aphorisms From His Bedside Teachings and Writings. Edited by William Bennett Bean, M.D. New York, Henry Schuman, 1950, p. 34.

Cases and Observations, Illustrative of Renal Disease Accompanied with the Secretion of Albuminous Urine
By Richard Bright—1827

I believe that our want of success in treatment, in what are considered the more recent attacks, is frequently owing to the fact, that the disease is far more advanced than we suspect, when it first becomes the object of our attention: and I am most anxious, in the present communication, to impress upon the members of our profession the insidious nature of this malady, that they may be led to watch its first approaches, with all the solicitude which they would feel on discovering the first suspicious symptoms of phthisis or of epilepsy. There is great reason to suppose that the seeds of this disease are often sown at an early period; and that intervals of apparent health produce a false security in the patient, his friends, and his medical attendants, even where apprehension has been early excited.

The first indication of the tendency to this disease is often haematuria, of a more or less decided character: this may originate from various causes, and yet may give evidence of the same tendency: scarlatina has apparently laid the foundation for the future mischief. . .

Intemperance seems its most usual source; and exposure to cold the most common cause of its development and aggravation.—Original Papers of Richard Bright on Renal Disease. Edited by A. Arnold Osman. London, Oxford University Press, 1937, pp. 93-94.
Treatment of Angina Pectoris

Excision of the cervico-thoracic sympathetic containing the sensory nerves of the heart and aorta as a means of relieving the pain of angina was suggested in 1899 by Francois-Franck, the physiologist, but not put into practice until 1916 by Jonnesco of Bucarest. The treatment by amyl nitrite was initiated in 1867 by Lauder Brunton (1844-1916), when a house physician, on the grounds that he found the blood pressure high in an attack and, having heard from Arthur Gamgee that amyl nitrite lowered the blood pressure, logically and successfully employed this drug.—Sm Humphry Davy Rolleston. The Harveian Oration. Great Britain, Cambridge University Press, 1928, p. 91.