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for the study of these unsolved clinical problems.

EDWARD J. LEONARD, M.D.

References

The Value of Hypothesis

Now I do not regret these hypotheses, or even the titles of the papers; because they have set people (including myself) thinking and devising new experiments. That indeed is the chief purpose of hypotheses. I have long believed, and am still inclined to believe, that all theories of muscular contraction are wrong. But they have been very useful in stimulating new research. In fact many of the best theories are self-destructive, by provoking fresh inquiry and leading to new facts which they cannot explain. The only useless theories are those that cannot be tested and can "explain" everything.—Archi-balD Vivian Hill: Trails and Trials in Physiology. Baltimore, The Williams & Wilkins Co., 1965, p. 362.
atheromatosis, and that this is all we need to be told.

But, after all, life insurance companies have known this for generations. Hippocrates thought weight control a good idea, and so did Celsus, almost 2,000 years ago.

It has been shown that the almost inevitable fate of the American male is to gain weight during middle age. Reversal of this pattern would probably prolong many lives. Unfortunately, for a compelling motivation, the short life has for too long been equated with a merry one.

Howard B. Sprague, M.D.

Habilitation of the Atherosclerotic

Naturally people, not wishing to give in to aging and to become invalids, continue their work in spite of stenocardia, hypertension, infarctions, etc. Apparently scientifically substantiated recommendations are needed for patients with atherosclerosis for employment of their residual capacity to work in order that people usually made wiser by great life experience and frequently too with special training in the various spheres of knowledge, artcraft, etc., may continue to fulfill functions useful to society and the state.

Medicine undertakes the prolongation of man's life, but this extended life should be active, functional, and creative.—Aleksandr Leonidovich Miasnikov: Atherosclerosis. Translation sponsored and distributed by National Heart Institute. Public Health Service Publication No. 926, p. 484, 1962. (Dr. Miasnikov died November 17, 1965.)

An Early Inveective Against Smoking—1638

"It drieth the brain, dimmeth the sight, vitiateth the smell, hurteth the stomach, destroyeth the concoction, disturbeth the humours and spirits, corrupteth the breath, induceth a trembling of the limbs, exsiccath the winde pipe, lungs and liver, annoyeth the melt, scoreth the heart and causeth the blood to be adjusted. In a word, it overthroweth the spirits, perverteth the understanding, and confoundeth the senses with sudden astonishment and stupiditie of the whole body."—Dr. Venner, quoted from A. C. Corcoran: A Mirror up to Medicine. Philadelphia, J. B. Lippincott Co., 1961, p. 298.
In clinical medicine the difficulties of securing objective proof by exact observation of identically recurrent events are very great. This tends to make the observer rely on intuition rather than on established conclusions and to make him impatient of the labour of proving or disproving the truth of opinions arrived at by intuition. The result is that the current clinical medicine of any given period is apt to be loaded with ‘authoritative’ opinions often contradictory of one another, many of which are actually capable of, but have never been submitted to, definite proof or disproof.—Wilfred Trotter: The Collected Papers of Wilfred Trotter. London, Oxford University Press, 1941, p. 120.

**Introduction of Students to the Meath Hospital**

You come here to convert theoretical into practical knowledge; to observe the symptoms of diseases previously known to you only through the medium of books or lectures; to learn the art of recognising these symptoms, and of appreciating their relative importance and value; to study their connexion with morbid alterations of internal organs; and, finally, to become acquainted with the best method of relieving your patients, by the application of appropriate remedies.

Such, gentlemen, are the objects you seek in coming here; and in proportion to the number and importance of these objects, are the degree of responsibility attached to your clinical instructors, and of blame to yourselves, should the opportunities which this institution offers for your benefit be neglected.—Robert J. Graves: *Clinical Lectures on the Practice of Medicine*, ed. 2. vol. 1. Dublin, Fannin and Co., 1848, p. 1.
References


Paroxysmal Atrial Fibrillation (?)

... Then there came suddenly a severe affection of the heart, worse than I ever had when smoking. The maddest racing and irregularity, constant cardiac tension, oppression, burning, hot pain down the left arm, some dyspnea of a suspiciously organic degree—all that in two or three attacks a day and continuing. And with it an oppression of mood in which images of dying and farewell scenes replaced the more usual phantasies about one's occupation. ... It is annoying for a doctor who has to be concerned all day long with neurosis not to know whether he is suffering from a justifiable or a hypochondriacal depression. He needs help—Letters from Freud to Fliess 1894. Ernest Jones: The Life and Work of Sigmund Freud. (1865-1939.) New York, Basic Books, Inc., 1953, vol. 1, p. 309.


Graves on the Responsibility of Teachers (1848)

I have seen students led astray by false notions, wasting half of the time which should be spent in hospital and by the sick bed, in wandering through the fields on botanical excursions, or working in the laboratory, engaged in the solution of some unimportant problem. Now this is not what will teach them to relieve suffering, and cure disease. When I look round me, and behold so many young gentlemen entering upon an honourable and important profession, I feel that my responsibility is great. I consider you all as instruments of good or evil, and cannot help being conscious that I should be guilty of a great crime, did I not use every means in my power to render you able and efficient practitioners. The teacher of clinical medicine, gentlemen, occupies in every nation a post of heavy responsibility.—Robert J. Graves: Clinical Lectures on the Practice of Medicine, ed. 2, vol. 1. Dublin, Fannin and Co., 1848, p. 32.


Was it Myocardial Infarction?

The grim Tyrant now in earnest seizes me so violently by the throat, that my friend Eugenius can scarce hear me cry across the table!

The Catastrophe

He's gone! for ever gone!*
Poor Yorick! he was a fellow of infinite jests! of most excellent fancy! Where be your gibes now?—Your flashes of merriment, that were wont to set the table on a roar?—not one now—quite chap fallen?
Alas! Alas! Alas! poor Yorick.
This with the spontaneous flood of friendship, your Eugenius signs.
*Mr. Stern died in March, 1768, soon after the publication of his two volumes of his Sentimental Journey.—Yorick and Eugenius (pseudonym for Laurence Stern): A Sentimental Journey through France and Italy. London, T. Osborne and J. Mozley, 1784, p. 267.

Importance of Studies at the Bedside—"the Dublin School"

The human mind is so constituted, that in practical knowledge its improvement must be gradual. Some become masters of mathematics, and of other abstract sciences, with such facility, that in one year they outstrip those who have laboured during many. It is so, likewise, in the theoretical parts of medicine; but the very notion of practical knowledge implies observation of nature; nature requires time for her operations: and he who wishes to observe their development will in vain endeavour to substitute genius or industry for time. Remember, therefore, that however else you may be occupied—whatever studies may claim the remainder of your time, a certain portion of each day should be devoted to attendance at an hospital. . . .—Robert J. Graves: Clinical Lectures on the Practice of Medicine, ed. 2, vol. 1. Dublin, Fannin and Co., 1848, p. 2.


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**Emerson on Wit**

Wit makes its own welcome, and levels all distinctions. No dignity, no learning, no force of character, can make any stand against good wit. It is like ice, on which no beauty of form, no majesty of carriage can plead any immunity—they must walk gingerly, according to the laws of ice, or down they must go, dignity and all.—*The Complete Works of Ralph Waldo Emerson*, vol. 8. Boston, Houghton, Mifflin & Co., 1903-4, p. 163.

One Hundred Years Ago: Cavil Directed Toward Specialism in Heart Disease

We have seen a copy of a peculiarly snuffling, canting letter which is circulated amongst the benevolent public on behalf of a Hospital for Diseases of the Heart. . . .

Of course the usual threadbare arguments may be put before the ignorant on behalf of the new institution. It may be asserted that diseases of the heart are more prevalent than heretofore; big-looking figures may be quoted from the Registrar-General to show the gross numbers who die of such diseases; their sudden fatality may be hinted at; the sly assertion may be made that ordinary Practitioners may not be gifted with the skill and experience necessary for the detection and cure of heart disease; and we may be told that old Hospitals are too full, and that the patients cannot receive sufficient attention, etc., etc. If things go on at the present rate, the Physician or Surgeon will run the risk of being starved in the midst of abundance, and of seeing every organ claimed by a specialist. . . .

On the sound principle that we cannot have too much of a good thing, we venture to prognosticate a great success to any two institutions, one of which shall take the right side of the heart, the other the left. The Bishops might be expected to interest themselves in the Mitral Valve, whilst the Tricuspid might be left to the Dissenters.—Editorial: The Medical Times and Gazette. 2: 12, 1866.
On Dropsy (Circa 1680)

1. The finger, if pressed upon the lower part of the legs, will leave a mark, especially towards evening. In the morning the impression is less distinct. This is the first sign of the disease, especially if there be difficulty of breathing besides. Not unfrequently, however, pregnant women, and women with whom the menstruation has ceased, as well as men suddenly freed from inveterate asthma, have swellings of the same sort.

When the feet and legs are stretched to their utmost, the waters rush into the abdomen, and this they gradually distend to its full capacity. At length, they reach the nobler viscera, and the patient dies.

In proportion as the parts occupied by the disease increase, the rest of the body loses flesh, whilst dyspnoea, scantiness of the urine, and intense thirst, supervene.—The Works of Thomas Sydenham, M.D., vol. 2. London, The Sydenham Society, 1850, p. 275.