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A Centennial Note—Canadian Medical Association

Among the various associations which are the least tinctured with selfishness, and therefore tend to elevate our nature and benefit mankind, are those having such objects in view as I have just detailed. Whatever tends to raise and dignify our profession, tends also to the comfort and well being of society. Whatever tends to make individual members of that profession better men and better physicians, contributes most materially to the advantage of the public at large. There is nothing selfish, then, in this or similar conventions which are annually taking place throughout the world. We are not seeking our own aggrandisement, nor our own individual advantages; we desire to promote the general welfare of our fellow-men, and shall rest content to benefit the mass.—James A. Sewell: The Organizing Meeting at Quebec, October 9, 1867. In H. E. MacDermot: History of the Canadian Medical Association, 1867-1921. Toronto, Murray Printing Co., Ltd., 1935, p. 29.

Circulation, Volume XXXV, February 1967

Allan Burns on Cardiac Resuscitation, 1809

Where however, the cessation of vital action is very complete, and continues long, we ought to inflate the lungs, and pass electric shocks through the chest: the practi-
tioner ought never, if the death has been sudden, and the person not very far ad-
vanced in life, to despair of success, till he has unequivocal signs of real death.—Allan
Burns: Observations on Some of the Most Frequent and Important Diseases of the
HEMODYNAMICS OF ESSENTIAL AND RENOVASCULAR HYPERTENSION


The Necropsy on Dr. Johnson

Wednesday, December 15th, 1784: Opened the body of Dr. Samuel Johnson . . . On opening into the cavity of the chest, the lungs did not collapse as they usually do when air is admitted, but remained distended, as if they had lost the power of contraction; the air-cells on the surface of the lungs were also very enlarged; the right lobe adhered very strongly to the diaphragm; the internal surface of the trachea was somewhat inamed; no water was found in the cavity of the thorax. The heart was exceedingly large and strong, the valves of the aorta were beginning to ossify; no more fluid than was common was contained in the pericardium. In the abdomen seemed to be incipient peritoneal inflammation and ascites; the liver and spleen were firm and hard; the spleen had almost the feel of cartlidge. A gall stone about the size of a pigeon's egg was taken out of the gall bladder; the omentum was exceedingly fat; nothing remarkable was found in the stomach; the folds of the jejunum adhered in several places to one another; there was also a strong adhesion by a long slip between the colon and the bladder; the pancreas was remarkably enlarged; the kidney of the left side tolerably good, some hydatids beginning to form on its surface; that of the right side was almost entirely destroyed, and two large hydatids formed in its place.—RUSSELL BRAIN: Some Reflections on Genius and Other Essays. London, Pitman Medical Publishing Co. Ltd., 1960, p. 99.
TRITIATED DIGOXIN

References

Hope and Prognosis

Many think that the expectation of effecting an improvement in the treatment of diseases of the heart, is chimerical: and they think so because, not being accustomed to recognize the diseases in question before they have attained an advanced stage, they are preoccupied with the old and popular idea of their incurability. To such it might, perhaps, be a sufficiently philosophical answer to reply, that an improved knowledge of the nature and causes of a disease must alone necessarily lead to an improvement in the treatment; and that therapeutic weapons are dangerous when wielded in the dark. But here we may go much farther: we may say that, by the improved means of diagnosis, the maladies under consideration may be recognized, not only in their advanced but in their incipient stages, and even when so slight as to constitute little more than a tendency. We may say, on the grounds of incontestable experience, that, in their early stages, they are, in a large proportion of instances, susceptible of a perfect cure; and that, when not, they may in general, be so far counteracted as not materially, and sometimes not at all to curtail the existence of the patient. We may, accordingly, predict that the term "disease of the heart," which at present sounds like a death knell when uttered by the physician, will hereafter become by familiarity not more alarming than the term asthma, under which it is frequently disguised. James Hope: A Treatise on the Diseases of the Heart and Great Vessels, ed. 1 American. Philadelphia, Haswell & Johnson, 1842, p. 22.


History of Medicine and the Library

Regarding the collection of material pertinent to the history of medicine, every library will pursue a course determined by expediency and tradition. I confess that from time to time I engage in historical forays, and I speak from the heart rather than from the head when I call this absorption with the past a true neurosis, one appropriately to be considered by the student of deviant psychology or by the geriatrist. But I have yet to meet a librarian who did not have a secret wish to possess a Rare Book Room, who would not sell his soul to the devil for a first edition of Averroës' Colliget in Arabic which no one can read except for a student who has specialized both in medieval Arabic and in Averroës. The devil owns, I admit, some choice souls who ecstatically enjoy this collecting itch, and I suppose that every librarian must have a budget with which to buy the devil off, as every child must have some spending money for self-selected sweets. For myself, because I do not read medieval Arabic, I prefer a good collection of secondary historical treatises written by men who are primary scholars of medical history and Arabic.—HOMER W. SMITH: On the Reading of Scientific Papers. Trans Ass Amer Physicians 70: 49, 1957.
the left ventricular chambers with the patients in the lateral position were equivocal (figs. 4 and 5). The pulmonary artery definitely remained large and no infundibular constriction could be outlined in the comparable studies. Only patient C has had cardiac catheterization following surgery (table 1). This was indicated because his clinical status had changed; in addition to cyanosis, more marked with crying being noted, his systolic murmur had definitely diminished. No left-to-right shunt at the ventricular level was demonstrated with dye-dilution curves and only minimal amounts of contrast could be seen passing through the ventricular septal defect (fig. 5). In patient C, at least, it seems apparent that a closing ventricular septal defect is the cause of the progressive decrease in pulmonary blood flow.

References

From the First Year of CIRCULATION—1950

The stenosis of the outflow tract was of such proportion as to create sufficient resistance for the right ventricle to supply blood to the aorta but at the same time wide enough to allow an adequate flow of blood to the lungs without stress on the intrapulmonary arteries. . . . The eventual appearance of detrimental intimal changes in the intrapulmonary arteries can possibly be prevented and adequate pulmonary blood flow maintained by surgical creation of an appropriate degree of stenosis of the right ventricular outflow tract or pulmonary trunk.—W. Harold Civin and Jesse E. Edwards: Pathology of the Pulmonary Vascular Tree. Circulation 2: 550, 1950.
The malformation reported in this communication is perhaps a result of a developmental arrest at a stage after loss of muscle in chordae and leaflets but before final attenuation and elongation of chordae have occurred. The stage of development portrayed in figure 5a and b bears similarity to the anomaly seen in our first case. The other two cases, while fundamentally similar to the first, seem to lie at a stage of development between the definitive and that represented by our first case.

The evolution of leaflets and chordae of the mitral valve is based on processes similar to those which obtain in the tricuspid valve. For this reason an anomaly of the tricuspid valve similar to that described for the mitral valve is hypothetically possible.

References


Recognition of Greatness

What is the reason, we shall want to know, why any man’s life, however much it exceeds the common measure, should be a theme for remembrance, as here we assume the posture of hero worshippers? In any age a multitude of men are cast on the scene as in a great jumbled lumber yard, jackstraws, touching, supporting, holding up or down many others, or as strays or isolates. Their relations are largely unseen; the contacts curious, light or heavy, crucial or irrelevant. In such a jungle of seen and unseen points of contact is it an idle gesture for a common man to stir the piles of wood and apply his yardstick to measure greatness, its failures as well as its successes? In this noisily neurotic age of the debunker, we must cherish whatever residual capacity we have for wonder and admiration. In our time, when protracted adolescence often becomes counterminous with old age, most of us have lost the insatiable curiosity of the child and his ability for total and prolonged concentration. Too few reach the thoughtful maturity of the grown man whose knowledge ripens into wisdom. I hold that we must preserve some Valhalla of heroes. . . .—William B. Bean: Osler, the Legend, the Man and the Influence. Canad Med Ass J 95: 1032, 1966.
On Doubting

We doubt but do not deny. Our concept of doubt does not imply lack of respect for our contemporaries or lack of appreciation for the work of our predecessors. Our knowledge and wisdom are drawn in large measure out of the efforts of our predecessors. What appears erroneous, unreasonable or even naive today made much better sense against the background of yesterday's more limited knowledge.

Doubt, as here conceived, implies humility and recognition of the fallibility of man, the fallibility of the doubter as well as of the doubted. Thus, the doubter must realize that even in some folktales an element of truth may lie, and he should never forget the lessons of foxglove, of cinchona bark and of Rauwolfia. Doubt recognizes the limitations of the human mind and thereby provides the stimulus whereby the mind of the doubter is led continually to enquire, to recognize the veils which obscure the truth, and to push them aside.—MAXWELL M. WINTROBE: Presidential Address: The Virtue of Doubt and the Spirit of Inquiry. Trans Ass Amer Physicians 78: 6, 1965.
Suppose we formed this view of doctors and captains and then held a council at which the following decree was passed.

Neither medicine nor seamanship may be trusted in future with absolute control in its particular sphere, either over slaves or over free citizens. We therefore resolve to gather together an assembly of all, or of the wealthy among, the people. It shall be lawful for men of no calling or men of any other calling to advise this assembly on seamanship and medicine—that is to say, on the drugs and surgical instruments appropriate to the treatment of the sick, on ships and their tackle, on the handling of vessels, and on perils of the sea, including risks arising from wind and tide, risks arising from encountering pirates, and risks arising from maneuver of warships against enemy warships in the event of a naval engagement.

So much for the decree on these matters. The executive is to embody this decree of the assembly of the people—based, you remember, on the advice of a few doctors and sailors maybe, but certainly on the advice of many unqualified people too—in laws which they are to inscribe on tablets of wood and of stone, and in the case of some of the rules so resolved upon, they must see that they find their place among the unwritten ancestral customs. Thereafter forever medicine and navigation may only be practiced according to these laws and customs.