


Myocardial Architecture—Harvey, 1628

All Anatomists have observ'd with Galen, that the body of the heart is made with several draughts of fibers streight, thwart, and crooked, but in a heart, being boyl'd, the structure of the fibers is found to be otherwayes.

For all the fibers in the walls and in the inclosure are circular, as they are in a Sphincter, but those which are in the tendons stretched out in length, are crooked; so it comes to pass that when all the fibers are contracted, it happens that the top is brought to the bottom by the tendons, and the walls are inclosed in a round, and the heart is contracted every way, and the ventricles strengthened. Wherefore since the action of it is contraction, we must needs imagin that the function of it is to thrust blood out into the arteries.—The Anatomical Exercises of Dr. William Harvey; De Motu Cordis 1628; De Circulatione Sanguinis 1649 (first English text). Edited by GEOFFREY KEYNES. London, The Nonesuch Press, 1653, p. 114.
comment relative to the concept of exogenous hemochromatosis. Arch Path (Chicago) 69: 683, 1960.

46. KARK, R. M.: Two cases of aplastic anemia: One with secondary haemochromatosis following 290 transfusions in nine years, the other with secondary carcinoma of the stomach. Guy Hosp Rep 87: 343, 1937.


S. Weir Mitchell on The Physician, 1887

Our profession has in its work enough of true difficulties, but we still owe many of our worst errors to want of absolutely complete study of our cases, and with the careless these slips are obvious enough to enable any one who is watchful to sit in judgment on the failures. The more delicate illustrations of the fine union of qualities which attain the highest triumphs are, of course, only seen and comprehended by physicians, whose general opinion on their fellows is in the end almost always a just one. There is a potent combination of alertness in observation, with a never-satisfied desire to know even the trifles of a case, which, with sagacity, gives a medical mental character as rare as it is valuable.

For such men there are no trifles, and, on entering a sick-room, they seem to absorb at a glance matters which escape others, and yet to the end are still so quietly observant and searching that they seem never to be quite content with what they have learned. Not to know surely is to them a form of unhappiness.—S. Weir Mitchell: Doctor and Patient, ed. 4. Philadelphia and London, J. B. Lippincott Company, 1904, p. 37.


Graves on Medical Education (1848)

This is an age of ambitious acquirement, and professional men seem to be ashamed unless they have the character of universal knowledge. Every body studies every thing, and the consequence is that few know any thing well. We live amidst the din of declamations in favour of general education; and are every where assailed by the ceaseless competition of those who vend cheap knowledge in the form of penny periodicals, lectures innumerable, and hosts of rival encyclopaedias; but ours is not an age of calm unpretending acquirement and severe precise study, without which, the effort to become good physicians and surgeons must prove vain and fruitless.—Robert J. Graves: Clinical Lectures on the Practice of Medicine, ed. 2, vol. 1. Dublin, Fannin and Co., 1848, p. 14.
PULMONARY BLOOD VOLUME


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Pulmonary Blood Reservoir—Harvey, 1628

... the lungs have such large vessels, their vein and arterie, that the trunk of the arteria venosa does exceed both the crural and jugular branches, and are so full of blood, as by experience and my own eye-sight (nor was I deceived in the inspection of those things which I saw in dissected creatures) that upon the wounding of them, all the whole blood has run out; the cause, by reason that in the lungs and in the heart is the fountain, cellar, and treasure of blood, and store-house of its perfection.—The Anatomical Exercises of Dr. William Harvey: De Motu Cordis 1628; De Circulatione Sanguinis 1649 (first English text). Edited by Geoffrey Keynes. London, The Nonesuch Press, 1653 p. 117.

S. Weir Mitchell on The Physician, 1887

There are those of my profession who have a credulity about the action of drugs, a belief in their supreme control and exactness of effect which amounts to superstition, and fills many of us with amazement. This form of idolatry is at times the dull-witted child of laziness, or it is a queer form of self-esteem, which sets the idol of self-made opinion on too firm a base to be easily shaken by the rudeness of facts. But, if you watched these men, you would find them changing their idols. Such too profound belief in mere drugs is apt, especially in the lazy thinker, to give rise to neglect of more natural aids, and these tendencies are strengthened and helped by the dislike of most patients to follow a schedule of life, and by the comfort they seem to find in substituting three pills a day for a troublesome obedience to strict rules of diet, of exercise, and of work.—S. WEIR MITCHELL: Doctor and Patient, ed. 4. Philadelphia and London, J. B. Lippincott Company, 1904, p. 27.


S. Weir Mitchell on The Physician, 1887

We have a certain gentle disrespect among us for the doctor who is described as, oh! so sympathetic,—the man who goes about his work with a pocket-full of banal phrases calculated to soothe and comfort the cravings of the wretched. The sick and feeble take gladly these imitation crumbs cast from the full table of the strong. But sometimes people of firm character revolt at such petty and economical charity. I heard a vigorous old Quaker lady say once, after a consultation, “Thee will do me a kindness not to ask me to see that man again. Thee knows that I don’t like my feelings poulticed.”—S. Weir Mitchell: Doctor and Patient, ed. 4. Philadelphia and London, J. B. Lippincott Company, 1904, p. 46.
Rewards of Practice

One does not escape from being a patient because of being also a physician, and for my part I am glad to confess my sense of enjoyment in such visits, and how I have longed to keep my doctor at my side and to decoy him into a protracted stay. The convalescence he observes is for him, too, a pleasant thing. He has and should have pride in some distinct rescue, or in the fact that he has been able to stand by, with little interference, and see the disease run its normal course. I once watched a famous surgeon just after he had done a life-saving operation by dim candle-light. He stood smiling as the child's breath came back, and kept nodding his head with pleasant sense of his own competence. He was most like a Newfoundland dog I once had the luck to see pull out a small child from the water and on to a raft. When we came up, the dog was wagging his tail and standing beside the child with sense of self-approval in every hair. The man wagged his head; the dog wagged his tail. Each liked well what he had done.—S. Weir Mitchell: Doctor and Patient, ed. 4. Philadelphia and London, J. B. Lippincott Company, 1904, p. 58.
Famous Facetiae

In the address, his Baltimore valedictory, delivered on Washington's birthday, February 22, 1905, Osler spends a good deal of time discussing the intellectual infantilism as well as the precocious senility or progeria which readily besets any teacher whose career is spent too much in one place. Today we are more likely to be corrupted by the Brownian motion of travel than by sessile inertia. Instead of quinquennial brain dusting, our trips and tours occur by month or week, by day or hour. This was not so during Osler's time. The urge to move, to accept new challenges, and to keep out of the deepening ruts of uniformity, was on Osler's mind. He had long held that the great and seminal work of the world was and could only be done by youth. In the address, he said, "The teacher's life should have three periods, study until 25, investigation until 40, profession until 60, at which age I would have him retired on a double allowance. Whether Anthony Trollope's suggestion of a college and chloroform should be carried out or not, I have come to be a little dubious as my own time is getting short."—WILLIAM B. BEAN: Osler, the Legend, the Man and the Influence. Canad Med Ass J 95: 1035, 1966.
BILATERAL BUNDLE-BRANCH BLOCK


The Heart as a Symbol

Man's heart can harden; it can become inhuman, yet never nonhuman. It always remains man's heart. We are all determined by the fact that we have been born human, and hence by the never-ending task of having to make choices. We must choose the means together with the aims. We must not rely on anyone's saving us, but be very aware of the fact that wrong choices make us incapable of saving ourselves.

Indeed, we must become aware in order to choose the good—but no awareness will help us if we have lost the capacity to be moved by the distress of another human being, by the friendly gaze of another person, by the song of a bird, by the greenness of grass. If man becomes indifferent to life there is no longer any hope that he can choose the good.—ERICH FROMM: The Heart of Man: Its Genius for Good and Evil. New York, Harper & Row, Publishers, 1964, p. 150.