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EDITORIAL

tended to Prague and Budapest. Healthy men without ischemic heart disease, mostly blood donors, are being studied. Two thirds of them have been selected on account of hyperlipidemia and have been randomized into two groups receiving either Atromid-S or olive oil as a blind placebo. One third have been selected because of low lipid levels; these men form an additional control group, and all receive olive oil. Clinical and electrocardiographic examinations, serum lipid estimations, and Atromid-S blood levels are made every 6 months. An assessment of progress will be undertaken after 5 years when it should be possible to decide whether correction of hyperlipidemia, by this particular method, provides any degree of control over the incidence of ischemic heart disease.

M. F. OLIVER

References

Graves on the Nobility of Physicians (1848)

And thus it will be proved that if man has passions which impel him to the destruction of man, if he be the only animal who despising his natural weapons for attack or defence, has devised new means of destruction,—he is also the only animal who has the desire or the power to relieve the sufferings of his fellow-creatures; the only animal in whom the co-existence of reason and benevolence attests a moral as well as an intellectual superiority.—ROBERT J. GRAVES: Clinical Lectures on the Practice of Medicine, ed. 2, vol. 1. Dublin, Fannin and Co., 1848, p. 44.
wave was characterized by negative potentials enveloping this area.

References

Dyspepsia, Asthma and Heart Disease

A Century and a Quarter Ago

Hence dyspepsia acquired the reputation of producing certain symptoms, particularly in the head, which are in reality foreign to it, being exclusively the results of a co-existent disease of the heart.

There prevails another error, the converse of the above—that of mistaking anaemic, nervous, dyspeptic, and other varieties of palpitation, for disease of the heart. . . . Having thought this subject of so much importance as to demand a separate article, (see Palpitation,) I shall here only say, that, so far as my own experience enables me to judge, the discrimination may be made with ease and certainty.

An immense proportion of asthmatics—and of the most dangerous and distressing cases, result from diseases of the heart: the same may be said of dropsies, especially those that are universal. If the cause be overlooked, the asthmatic is harassed with a farrago of inappropriate and unavailing, not to say pernicious, remedies; and the hydroptic is treated with dangerous activity, or for imaginary affections of the liver, the lungs, or the kidneys. James Hope: A Treatise on the Diseases of the Heart and Great Vessels, ed. 1 American. Philadelphia, Haswell & Johnson, 1842, p. 23.

Relevant to the Futility of Rigid Subspecialty Accreditation in the Care of the Sick—Century and a Quarter Ago

“All the organs of the body are so bound up together in the same bundle of life, that it rarely happens that one suffers, at least seriously, without involving others; and in an exact ratio of the importance of each organ, and the extent of sympathetic relations that it exercises, is the degree of mischief that its derangement spreads through the economy.”—Robert Law: Disease of the Brain Dependent on Disease of the Heart. Dublin J Med Sci 17: 181, 1840.
CALCIFIED LEFT ATRIAL MYXOMA


The Primary Physician
Foresight in Medical Education

We are engaged in a renegotiation of the contract between our profession and the society it serves. As far as society is concerned the renegotiation involves issues of comprehensiveness, availability, individualized adaptation and personalized application of medical care. However from the standpoint of the medical profession or the health professions generally, and particularly the teachers in these areas, the central issue is a matter of division of professional labor. Most of the discussions we are having in medical schools these days center on these issues. We are trying to decide, for example, what kind of doctors we need and what kind of training they need.

The division of labor in modern medicine is characterized by development of ever greater expertise in ever more narrow segments of medicine. . . . However this division of labor within medicine is ill suited for dealing with the primary data. It "prefers" its "clinical material" pre-sorted or pre-processed, after which the specialty apparatus works best. But to provide the comprehensive individually adapted care which the public wants and needs, the vertically oriented compartmentalized specialties of medicine require a horizontal integrative component. . . . What we lack in our medical apparatus today is a sufficient number of graduates whose professional commitment is to the unprocessed, unrefined patient and whose clinical material is centered in the primary data.—RICHARD M. MAGRAW: Medicine's Primary Data and the Primary Physician. Med Bull Univ Minnesota 38: 274-275, 1967.
The Choice of Medicine as a Profession

There was still another story my father used to tell me. When out hunting in the hills of northern Alabama, one time when he was a young man, he put his shotgun carefully over a fence before attempting to climb it, as all good hunters do, pointing it away from any of the party. Then he attempted to climb over the barbed wire fence himself, but he slipped and caught the seat of his trousers on a barb of the fence. The trousers were ripped violently. He felt a sharp pain. A barb had caught his scrotum. "My scrotum ripped, and then I saw the inside of my scrotum dangle out like a little worm." I remember his exact words, "I held the torn place to me and went to the nearest doctor. The doctor cleaned it out and took a few stitches in it. They put a dressing on it and it soon healed." This seemed sheer magic to me. It seemed as if I, too, had been ripped by that barbed wire and as though the surgeon-magician thereby had made my birth possible many years later. I felt almost as much obligated to that surgeon for the gift of life as I did to my father.—MERRILL MOORE. In FABRICANT, N. D. (Editor): Why We Became Doctors. New York, Grune & Stratton, 1954, p. 15.

Old Age Is a Race Between Death and Psychosis

The body, as we know it, was not built
To last forever (forever is a long time);
It is usually good for possibly 70 years,
More or less; of course, there are exceptions,
But Nature, in her manner, has her rules
Not always taught (or known) in certain schools.

Perhaps it is well that Death may intervene
Before psychosis dominates the scene;
It is good to die with an unclouded mind;
Senility just several laps behind
In that gruelling grind, that marathon
Of decade after decade towards the setting sun,
The channel of the river clogged with silt,
Foundations crumbling where the tower was built,
Juices drying, leaves and vines that wilt.