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modynamic variables responsible for differences in ballistocardiograms.

Benjamin M. Baker

References

Atmosphere of the Library

The atmosphere of a great library, to which both librarians and readers contribute, can be of the finest order. A great collection of books stimulates the love of learning, an influence which, in the final analysis, characterizes the atmosphere of a true university. A great library lends impetus to research and scholarship and to the cultivation, nurture, and quickening of the entire learning process.

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Parry on Natural History of Angina Pectoris

If the opinion be well founded, which I have endeavoured to support in the preceding pages, that the Syncope Anginosa is primarily owing to induration of the coronary arteries, we have no reason to expect that it will ever suffer a radical cure. But as we have also rendered it probable, that this mal-organization may subsist, without producing violent symptoms, till it meets with the coincidence of other causes, we may, perhaps, in some cases, afford relief by removing or suspending the operation of those causes. And, should that relief continue so long as to allow of the patient’s dying of some other disease, the Syncope Anginosa may, in such a case, according to common language, be justly enough said to have been cured.—Caleb Hillier Parry: An Inquiry into the Symptoms and Causes of the Syncope Anginosa, Commonly Called Angina Pectoris. London, Cadell and Davies, 1799, p. 146.


Parry's Recapitulation on Angina Pectoris (1799)

It may be advantageous to place under one view the general conclusions which have been drawn from the preceding enquiries into the nature and causes of the Angina Pectoris. From these it appears,

I. That it is a case of Syncope, preceded by a notable anxiety or pain in the region of the heart.

II. That so far as the most accurate observation has hitherto gone, the tendency to this disorder arises from mal-organization in the heart itself; which mal-organization seems to be chiefly induration of the coronary arteries.

III. That this mal-organization acts by diminishing the energy of the heart.*

IV. That the chief symptoms of the disease are the effect of blood retarded and accumulated in the cavities of the heart and neighbouring large vessels.

V. That the causes exciting the paroxysms are those which produce this accumulation;

1. By mechanical pressure; or

2. By stimulating in an excessive degree the circulating system; in consequence of which, the heart, weakened by the mal-organization, readily sinks into a state of quiescence, while the blood continues to advance in the veins. Whence it follows, that, the power of the heart being given, the disposition to paroxysms will be directly as the momentum of the blood in the veins; and that, on the contrary, the momentum of the blood in the veins being given, the disposition to paroxysms will be inversely as the power of the heart.

VI. That, after a certain approach towards quiescence, the heart may recover its irritability, so as again to carry on the circulation in a more or less perfect degree, from the operation of the usual stimuli; but

VII. That death may at length ensue from a remediless degree of inirritability in the heart.—CALEB HILLIER PARRY: An Inquiry into the Symptoms and Causes of the Syncope Anginosa, Commonly Called Angina Pectoris. London, Cadell and Davies, 1799, p. 140.

*By the energy of the heart I mean not merely the readiness, but also the degree of irritability or excitability.

Ventilation in Mines (Circa 1550)


Fifty Years Ago
Some Effects of Coronary Artery Ligation

... The ligation of the first descending branch of this artery (ramus circumflexus sinister) generally resulted in fibrosis of the anterior papillary muscle; the ligation of the posterior descending portion of the ramus circumflexus sinister resulted in fibrosis of the posterior papillary muscle. So constant were these results that we could produce lesions of either one of these papillary muscles.

... If confirmed, these observations may be of considerable value from a diagnostic point of view, at least as concerns the left coronary artery. The early exaggeration of the T-wave, its marked negative drop below the line within twenty-four hours and its more gradual return to its positive position and its final iso-electric or negative location were so characteristic in dogs watched for several days, that similar changes in the wave in man might reasonably be supposed to be due to similar lesions. In fact, one case in man, which will be reported later, was observed in which a clinical diagnosis of coronary thrombosis was made by Dr. James B. Herrick which was verified later at necropsy. The T-wave of the electrocardiogram of the patient ran a course similar to that of the dogs previously described.—FRED M. SMITH: Ligation of Coronary Arteries with Electrocardiographic Study. Arch Intern Med 22: 21, 1918.


50 Years Ago

Spontaneous Closure of a Ventricular Septal Defect

... Some years ago I saw a small boy, 14 months old, and on examination of the heart there was a very loud systolic bruit, with its maximum intensity over the fourth intercostal space, close to the sternum, but audible also over the whole precordial region, and indeed over most of the chest, both back and front. It was accompanied by a thrill near the sternum, and those of you who have seen congenital heart cases in the wards will realize the kind of case it was when I say that the diagnosis made by myself and others was congenital perforation of the interventricular septum. The father of the boy was an officer in the Navy, and this was his only child. He had always made up his mind that any boy of his should follow him in the service, and it was a tremendous blow to him to find that the child had a bruit which was certain to cause his rejection at the medical examination. At any rate, in my ignorance I gave the opinion that it was useless to think of the boy's being some day eligible for the Navy or indeed for any service in which a medical examination had to be passed. Most clinicians would, I think, have given the same opinion as I did; but it was wrong; and that is why I want you to know about it.

I saw the boy again when he was two years old, and the bruit was about the same as before, very loud and universal. I saw him again when he was five, and there was then absolutely no bruit at all! I saw him again at the age of ten; and he was still without a bruit and had no objective evidence of any heart lesion. The father's keen desire that the boy should follow him in the service has since been gratified and the case has taught me that the bruit of a congenital malformation of the heart may disappear as a child grows up.—HERBERT FRENCH: A Series of Small Points. Three Clinical Lectures. Lecture II. Guy Hosp Gaz 32: 87, 1918.