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6. LEV, M.: Normal anatomy of the conduction system in man and its pathology in atrioven-


Advance Through Experimental Medicine

When, in 1927, we arrived in the department of Carl Wiggers, one of our best teachers, he asked us first of all which experiments we had performed recently. Answering this question, we explained carefully our observations concerning the baroreceptors regulating arterial pressure and the chemoreceptors acting on respiration. Carl Wiggers listened and then said: "Heymans, do you really believe what you said? Because I suppose you know that is in full contradiction with classic opinions. Now, let us not argue, but tomorrow we shall provide a dog and you are going to demonstrate what you said." Just as John Hunter said to Edward Jenner: "Why think? Why not try the experiment?" Next morning, then, we performed the demonstration while Carl Wiggers was looking at it very carefully. At the end of the experiment, he said "Heymans, the dog is right, textbooks are wrong!"—COReNELL E. F. HEYMANS: In Reflections on Biologic Research, edited by Giulio Gabbiani. St. Louis, Warren H. Green, Inc., 1967, p. 83.
The Medical Teacher—His Responsibility

What does it mean to teach medicine today? To squeeze the whole world of knowledge we possess; to extract what is fundamental, what is basic, limiting ourselves to the indispensable; to train a student in the complicated techniques of modern methods of study, educate his spirit to make a man of science out of him, wise in observation, aware in research, accurate in his reasoning, and all this without depriving him as a clinician, of the ability to apply his knowledge; achieve all this over a brief period of a few years, while the youth becomes a man, and then send him out into the world with an education and a mentality in harmony with our times—let us agree that this is a grand educational task, a fine challenge to the most optimistic teacher.—Dr. IGNACIO CHÁVEZ. Medical School and the Further Education of the Graduate Physician. A paper given in the University of Southern California before the members of Salerni Collegium. Universidad Nacional Autónoma de México, México, D.F., 1964, p. 5.
Asthma and Heart Disease—Galen

"Am I supposed to have an orthopneic condition of asthma?"—I responded that might be likely, but that I did not think it was actually asthma. Such an orthopnea (i.e. difficult breathing in an upright position) could not arise from such a cause, and not when the moist, thick and sticky discharges accumulated in the blood vessels, but only when they did so in the bronchial tubes. But it appeared to me correct to prescribe him a regimen similar to one for the asthmatics and to employ medicine which had the same qualities as those used for asthmatics.

"After a six-months lapse, as I said before, he experienced some, but not a great deal of dyspnea together with short-lasting palpitations of the heart; first once, then twice and three times a day; and then they came four times and more frequently; then the attacks of dyspnea increased up to 15 times a day. Then, suddenly, the respiration became very agitated; then it stopped and he died very suddenly, like some other people suffering from heart disease, about which I will report in the next chapter."—RUDOLPH E. SIEGEL: Galen’s Description of Mitral Stenosis: The Earliest Clinical Record of Rheumatic Heart Disease. Bull Cleveland Med Library 8: 17, 1961.