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DE
L'AUSCULTATION
MEDIATE,
OU
TRAITÉ DU DIAGNOSTIC DES MALADIES
DES POUmons ET DU CŒUR,
FONDÉ PRINCIPALEMENT SUR CE NOUVEAU
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et étrangères.

TOME SECONd.

A PARIS,
chez J.-A. BROSSON et J.-S. CHAUDÉ, Libraires,
1819.


The vigour of civilized societies is preserved by the wide-spread sense that high aims are worth-while. Vigorous societies harbour a certain extravagance of objectives, so that men wander beyond the safe provision of personal gratifications. All strong interests easily become impersonal, the love of a good job well done.—Alfred North Whitehead: Adventures of Ideas. New York, The Macmillan Co., 1933, p. 371.
a resulting gradient of 75 mm Hg. One should be alerted to the complicating abnormality of subaortic stenosis in carefully assessing preoperative left ventricular hemodynamic and angiographic findings; it may not be readily apparent at the time of surgical exploration.

References

In considering the history of ideas, I maintain that the notion of 'mere knowledge' is a high abstraction which we should dismiss from our minds. Knowledge is always accompanied with accessories of emotion and purpose.—Alfred North Whitehead: Adventures of Ideas. New York, The Macmillan Co., 1933, p. 5.
The Recognition of Atrial Fibrillation*
Retrospective Viewpoint of MacKenzie

Hering, in 1903, separated from among other irregularities the irregularity peculiar to auricular fibrillation, and called it the pulsus irregularis perpetuus. He was mainly concerned with the physiological aspect of the subject, and did not recognize the full clinical picture, with the disappearance of all signs of auricular activity. . . .

. . . Cushny was the first to suggest that auricular fibrillation might be a factor of clinical importance; and in 1906 he and Edmonds drew attention to the resemblance of the radial tracings in a case of paroxysmal irregularity in the human subject to the tracings from a dog, in which they produced experimental fibrillation of the auricles. On reading this communication, I was struck with the idea; and on a visit Professor Cushny paid to me in Burnley in 1906, he discussed with me the probability of auricular fibrillation being the cause of the irregular heart action in certain cases of 'nodal rhythm,' and he agreed that certain small waves, which I had recognized in the jugular pulse of one case (Fig. 122), were due to the fibrillation of the auricle.

I published, in 1907, tracings with this explanation, but I failed to appreciate the real significance of what auricular fibrillation was; I thought it only a passing event; and I practically gave up the idea that it was at the bottom of these cases that went on for years. Lewis had been pursuing an inquiry clinically and by experiment into the nature of cardiac irregularities, and had produced experimental fibrillation in the dog. In 1909 he took graphic records of the venous and arterial pulses. With the onset of fibrillation, he found that the arterial pulse became irregular, and the venous pulse changed from the auricular to the ventricular form. Pursuing his investigations further, Lewis was able to detect in the electrocardiogram of experimentally produced fibrillation, certain oscillations during ventricular diastole, which were induced by the fibrillating auricle. Examining more critically the electrocardiograms of typical cases of nodal rhythm which I sent to him, he found these oscillations also present, and demonstrated their correspondence with the small fibrillation waves I had noted in the jugular pulse.

When Lewis placed these facts before me, I had no hesitation in abandoning my views, and accepting the fact that these cases owed their abnormal action to auricular fibrillation; and I now recognize that the reason those evidences of auricular activity, to which I have referred, disappear, is because the auricle ceases to act as a contracting chamber.

Rothberger and Winterberg had independently, in 1909, drawn attention to the fact that in pulsus irregularis perpetuus the electrocardiogram corresponded to that of auricular fibrillation experimentally produced.—JAMES MACKENZIE: Diseases of the Heart, ed. 3. London, Oxford University Press, 1913, p. 215.

The thoracic and abdominal viscera in situ, showing complete transposition.
Liver and appendix on left side, stomach on right, heart in median line with apex in left thorax, dilated "right" auricle receiving pulmonary veins on left and large persistent superior cava entering coronary sinus on right of picture.
From a male infant aged 9 weeks, dying from volvulus of intestines, cyanosis marked on crying, systolic thrill, loud murmur all over precordium. Ductus patent, no pulmonary stenosis.

Platitudes

... out of the riches with which his mind was dowered in his youth, something that was real and true and of good repute rises through the shattered shell of his self-confidence, and he rests on it. He examines it again in a new light and finds in it new meaning. It is no longer old or trivial or meaningless. It is not somebody else's thought, but his own. It is not a platitude, but a living truth. All that he once heard and accepted and then neglected or rejected takes on a new meaning, comes trooping back with new light and glory shining from its facets. ... The platitude being dead, yet liveth. The seed at last finds soil and the husbandman is justified of his sowing.—GUR STANTON FORD: On and Off the Campus. Minneapolis, University of Minnesota Press, 1938, p. 431.
Critical Assessment

When a train wreck occurs, the railroad officials want to find out the whys and the hows: was it due to a defective rail, roadbed, bridge, signal, item of rolling stock, or human reaction? Now, when as medical scientists we try to keep our thinking, observations, and inferences on the right track, we too are fatefuly subject to one or another kind of derailment of our reasoning. The different kinds of the derailment of reasoning deserve closer study than they are getting. Indeed, I had thought of entitling this lecture, "The Derailment of Reason," but I thought that if I could call it "On the Reading of Medical Literature," I could interest you first in the errors of others' thinking, and then you could, with these errors in mind, turn your attention in slow crescendo to the mistakes that all of us make.—From Gregg, Alan: For Future Doctors. Chicago, University of Chicago Press, 1957, p. 86.
1969: Centennial of Poiseuille’s Death

Presentation of the First Poiseuille Medal to Professor Robin Fahraeus


(See Book Reviews p. 134)
The temptations of exact science are most flagrant in sociology. Much of present sociology is illiterate, or, more precisely, anti-literate. It is conceived in a jargon of vehement obscurity. Wherever possible, the word and the grammar of literate meaning are replaced by the statistical table, the curve, or the graph. Where it must remain verbal, sociology borrows what it can from the vocabulary of the exact sciences. One could make a fascinating list of these borrowings. Consider only the more prominent: norms, group, scatter, integration, function, coordinates. Each has a specific mathematical or technical content. Emptied of this content and forced into an alien setting, these expressions become blurred and pretentious. They do ill service to their new masters. Yet in using the gibberish of “culture coordinates” and “peer-group integrations” the sociologist pays fervent tribute to the mirage that has haunted all rational inquiry since the seventeenth century—the mirage of mathematical exactitude and predictability.—GEORGE STEINER: Language and Silence: The Retreat from the Word. New York, Atheneum, 1967, p. 19.