The Canterbury Tales and Cardiology

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JAMES B. HERRICK is a hero of mine. No one can read William H. Holmes' essay "James Bryan Herrick: An Appreciation" and fail to recognize Herrick's great intellect, common sense, kindness, gentleness and place in history.

Herrick demonstrated his perceptiveness in 1912 when he wrote,

"Obstruction of a coronary artery or of any of its large branches has long been regarded as a serious accident. Several events contributed toward the prevalence of the view that this condition was almost always suddenly fatal... But there are reasons for believing that even large branches of the coronary arteries may be occluded - at times acutely occluded - without resulting death, at least without death in the immediate future. Even the main trunk may at times be obstructed and the patient live. It is the object of this paper to present a few facts along this line, and particularly to describe some of the clinical manifestations of sudden yet not immediately fatal cases of coronary obstruction."2

Herrick revealed his broad interest in medicine in 1910 when he reported the "Peculiar Elongated and Sickle-Shaped Red Blood Corpuscles in a Case of Severe Anemia." He, therefore, earned for himself the distinction of recognizing and describing two clinically important disorders: obstruction of coronary arteries without sudden death and sickle cell disease.

He showed us his love of history and men with ideas when he gave us "Allan Burns: 1781-1813; Anatomist, Surgeon and Cardiologist." Young Allan Burns described the pathophysiology of myocardial ischemia and postulated that coronary artery spasm could occur. Herrick wrote that Burns 'native talent, combined with the ability and willingness to work, chiefly accounts for his success...'.

While Herrick's medical writing is of great interest, I have always been intrigued by his delightful essay "Why I Read Chaucer at Seventy," which he read as an after-dinner address of the Association of American Physicians in Atlantic City in 1931. He begins the essay with the following comments:

The title would more nearly represent the fact if it were changed to: "Why I read Chaucer at 69.732 years.' Also, the three decimal places might, as in some medical papers, lend an appearance of scientific accuracy not warranted by the content. But I am not pretending to write with the accuracy of a Chaucerian scholar. I am merely a lover of Chaucer. As such I avail myself of what may be called poetic license and let stand the well-rounded, better sounding figure of 'seventy'.

When I was nineteen years old I read all of the writings of Chaucer except his prose translation of Boethius on the 'Consolation of Philosophy'.

It was my teacher, Moses Coit Tyler, later the historian of Early American literature, who lured me into accepting his offer to excuse from the semester's examination any one of the class who would purchase, and retain the ownership of, the three volumes of the Riverside Edition of the poet's work and read their 1944 pages, nearly 50,000 lines of text.

I have never ceased being grateful to Professor Tyler for having induced me to do this. He led me to read a classic at an early age, when the impress of the author is apt to be lasting and when if that impress be pleasant the author remains a favorite.

I had to buy the three volumes. This helped develop the sense of ownership of good books. We may not all be possessed of the ecstasy of affection that impelled Charles Lamb to kiss an old folio, but the volume that we have read in our youth, that we have marked, that we own — it need not be a first edition or in elegant binding — is the one we cherish: like Chaucer we hold it in our hearts with a feeling of sacredness:

"On bokes for to rede I me delyte
And in myn herte have hem in reverence.

Furthermore, I read practically all of the poet's writings. How by this rich contact one absorbs an author! How he soaks in! How, unconsciously, one grows acquainted not alone with his favorite words and expressions, his externals of style but with his character, his habits of thought, his varying moods!

To many, I fear, Chaucer means only the Prologue to the 'Canterbury Tales' with perhaps the Knight's Tale. This is as though one were to know Shakespeare through 'Hamlet' or 'Lear' but without 'The Tempest,' 'Midsummer Night's Dream,' 'Henry the Fourth.' To know an author well one must read much of him or all, if one can. There's the rub. Not every author will stand such complete reading. But Chaucer will.

So, in brief, why I now read Chaucer at seventy is because I read him at nineteen, read all of him and in volumes that I then purchased and still treasure.

This wise teacher did something more. After the class had studied in a somewhat critical way the Prologue, reading aloud and scanning, dissecting words and sentences grammatically, rhetorically and philosophically, we were told to read by ourselves for pleasure, for the author's meaning and melody, and were assured that all these things were there — meaning, music, pleasure — if we read aright.
He ends the essay with the statements,

I read Chaucer, then, at seventy because I read him at nineteen, because he appeals to me now as then by his kindly philosophy, his friendliness, his optimism, his ever-present humor, his pleasure in knowing and describing people, his skill as a narrator, his clarity, his love of nature and of books, his ability to make music of the early English language. Does any evil-minded critic hint that I read him because I am seventy? I might reply that I read him, I trust, not because I am in my second childhood but because Chaucer has helped to keep me young. He is a source of perpetual freshness and of youth. No hideous nightmare spoils the sleep after reading him, the blood pressure does not rise nor the arteries grow tense over his pages, no melancholy hangs heavy over one as one lays down his volume. No! black bile is dissipated. There are smiles, sunshine, contentment; the birds are singing, troubles are but light burdens, the world is worth living in, life is altogether good.

Herrick read all of Chaucer’s poems but, like others, loved “The Canterbury Tales.” Chaucer was born a few years after 1340 and lived in London until 1400. His genius was recognized only after his death. Chaucer devised a fascinating format for “The Canterbury Tales.” He imagined that a company of pilgrims travels to the Shrine of Saint Thomas à Becket, who was murdered at the altar in the Cathedral of Canterbury. The 29 pilgrims left Tabard Inn in London on horseback with Harry Bailey directing the order in which they rode. Each pilgrim was to tell two tales on the way and two other tales on the way back. Not all of the pilgrims told tales, but those who did related them to the music of the horses’ hooves and the jingling of ornaments.

Pilgrims of Our Choosing

What I wish to do may offend Chaucer and Herrick, but I plead that they tolerate my impertinence. Let us imagine that all of the pilgrims are interested in the heart. Let us also imagine that we can choose the pilgrims who make the trip. Their destination is the utopia of excellent medicine, symbolized by the Isle of Kos where Hippocrates worked. Finally, let us assume that each of our pilgrims could tell one or two tales that would add up to the cardiology we know today. Would it not be thrilling to hear tales by William Harvey, Stephen Hales, Leonard Poiseuille, Carl Ludwig, Adolf Fick, Otto Frank, Ernest Starling, Archibald Hill, Albert Szent-Gyorgyi, William Heberden, John Hunter, Allan Burns, James B. Herrick, Augustus Waller, Wilhelm Einthoven, Frank Wilson, Sir James MacKenzie, Sir Thomas Lewis, Walter Cannon, Werner Forssmann, Andre Courand, Paul Dudley White, Samuel Levine, Charles Friedberg, and many other investigators and physicians of this century, including those who developed cardiac catheterization and coronary arteriography; those who developed echocardiography and radionuclide scanning; the surgeons who patch holes in the heart, remove valvular obstruction, repair leaks and bypass obstructions in the coronary arteries; and those who developed percutaneous transluminal coronary angioplasty.

I would like to add two more nameless pilgrims. One practices medicine in a small town and another practices medicine at a large medical center.

The first physician — the one who works in a small town — tells a tale that emphasizes the fact that he is concerned that he does too little for his patients. There is a tendency to procrastinate because it is difficult to obtain the laboratory tests that are needed and the logistics of good medical care are difficult.

The second physician — the one who works at a large medical center — tells a tale that emphasizes that too much testing is done on some of the patients who are admitted to the hospital where she works. In fact, she says, if she orders only the tests she feels she needs to solve a problem, a strange thing happens. Orders appear on the medical chart, from some source, to have certain tests performed even if she does not want them.

The tales told by most of our imaginary pilgrims were fascinating stories of progress. Who could fail to be impressed by the intelligence of William Harvey and the comical planning of Werner Forssmann, who tied nurse Greta to a table while he inserted the urethral catheter into the vein of his own arm.

The disquieting notes were made by the two imaginary pilgrims who spoke last, the one who worked in a small town and the one who worked in a medical center.

Commentary

Physicians who spend their lives in small towns deserve the respect they have earned from the people they serve. Many of these physicians screen their patients for illness and, when certain disorders are suspected, refer them to specific physicians who are located in a medical center. They choose physicians to whom they refer their patients with great care. They choose consultants who treat their patients kindly, do not perform more tests than are needed for good patient care, usually (but not always) know what is wrong with their patient and what to do about it, talk with the referring physician and write them notes in an acceptable period of time, and return their patients to them for continued care. When all of this is done, patient care is improved and the referring physician and consultant are smarter.

Physicians who spend their time in a medical center have a great responsibility because they run the risk of doing more than is needed for the care of the patient.

Modern technology has led us out of the Dark Ages. Remember how we believed that we could take a history and always determine whether a patient had angina pectoris due to myocardial ischemia secondary to atherosclerotic heart disease? Coronary arteriography taught us that we were not always right and, in certain situations, we were correct only half of the time. Technology is here to stay and it is very useful. I could not do my work without it. What is wrong,
however, is the way our technology is used. The following stepwise approach might be worthy of consideration.7

**Step One**

Obtain the history; perform the physical examination; obtain a resting ECG; and obtain a chest x-ray. These four methods, used properly, will enable us to come to a reasonable conclusion about most patients. The problem is that these methods of data collection are not taught and learned to the degree that is necessary to use them properly. For example, electrocardiographic interpretation is at a low ebb today.

**Step Two**

The data collected by using the history, physical examination, resting ECG and chest x-ray must be interrelated so that the whole of the parts give an understanding of the patient’s problem that is greater than each of the individual parts considered separately.

**Step Three**

The data collected by the four methods mentioned above should enable the physician to state the diagnosis with certainty or formulate the problem so precisely that it is possible to think clearly about it and develop plans related to it.

**Step Four**

If the diagnosis is not clear, it is then necessary to ask whether the remaining questions should be solved. Will clearer answers really improve the care of the patient?

**Step Five**

If the answer is no, clearer answers to various questions will not assist in the care of the patient, then doctoring with all its meaning should be implemented. If the answer is yes, clearer answers will assist in the care of the patient, then one must determine if the questions raised are clearly stated. As a rule, the question should be one or more of the following. Is there a structural abnormality? Is cardiac performance or myocardial contractility abnormal? Is there an electrical abnormality? Is myocardial ischemia present?

**Step Six**

If further workup can be justified and the questions are clearly stated, it is then possible to choose the technique that is most likely to answer the question. It is not necessary to perform all tests that might answer the question. *It is adequate to choose the technique that gives a result with the highest predictive value.*

The approach suggested here emphasizes that highly specialized techniques are used to answer questions that cannot be answered by ordinary means. They are used when the result will assist in the care of the patient. This is very different from learning techniques and then searching for patients to whom they may be applied. No one argues that the results of techniques applied without a proper question in mind will not occasionally turn up interesting data; but one of the most difficult tasks we all have is to separate the data that are simply interesting from data that are essential to the care of the patient.

I apologize to Chaucer and Herrick for meddling with “The Canterbury Tales.” The format of the poem with pilgrims telling their tales stimulates me to think of our predecessors in medicine and cardiology. What tales they could tell! Two imaginary pilgrims tell “tales” that trouble many physicians. I have added a commentary in response to their statements. Herrick might not have been the scholar he was if his teacher, Moses Coit Tyler, had not lured him into buying Chaucer’s poems when he was 19 years old. Without Chaucer, Herrick might not have made his observation on coronary disease and we might not be as far along in our understanding of the disease.

**Addendum**

The author will send Dr. Herrick’s complete bibliography to anyone who requests it. Please write to the author at 69 Butler Street, S.E., Atlanta, Georgia 30303.

**References**

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