
THORACIC
DISEASES

RUBIN

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Emphasizing Cardiopulmonary Relationships

By

ELI H. RUBIN, M.D., F.A.C.P., F.C.C.P.

Professor of Clinical Medicine, Albert Einstein College of Medicine, Yeshiva University; Attending Physician, Pulmonary Division, Montefiore Hospital; Visiting Physician, Chest Service, Bronx Municipal Hospital Center; Consulting Physician, Pulmonary Diseases, Lebanon, Morrisania City and Union Hospitals, New York.

MORRIS RUBIN, M.D., F.A.C.S., F.C.C.P.

Associate Clinical Professor, Thoracic Surgery, Albert Einstein College of Medicine, Yeshiva University; Director, Cardiac and Thoracic Surgery, Morrisania City Hospital; Visiting Thoracic Surgeon, Bronx Municipal Hospital Center; Attending Thoracic Surgeon, Montefiore Hospital; Consultant in Thoracic Surgery, Fordham and Union Hospitals; Consultant in Surgery, Misericordia Hospital, New York.

In Association with

GEORGE C. LEINER, M.D., F.A.C.P., F.A.C.C.

Lecturer in Medicine, Columbia University College of Physicians and Surgeons; Attending Physician, Pulmonary Division, Montefiore Hospital, New York; Consultant in Pulmonary Physiology, Veterans Administration Hospital, East Orange, New Jersey.

DORIS J. W. ESCHER, M.D.

Lecturer in Medicine, Columbia University, College of Physicians and Surgeons; Associate Attending Physician, Medical Division, Associate Physician, Division of Diagnostic Roentgenology, and Physician-in-Charge, Cardiac Catheterization Unit, Montefiore Hospital, New York.

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Preface

"Learning is difficult enough, unlearning and relearning is not only difficult, but is opposed by habit and false pride. It is nevertheless the price to be paid if you wish to be a worthy member of a learned profession." Advancing frontiers in the medical sciences are calling for much "unlearning and relearning," as Professor Whitteridge of the University of Edinburgh so cogently expressed it. This also applies to the disciplines relating to diseases of the heart and lungs.

Periodicals which have specialized for years in studies relating to tuberculosis have become journals of respiratory diseases, and those devoted to diseases of the chest now contain more subject matter on cardiovascular lesions; and the most inclusive articles are appearing in periodicals on internal medicine. The transformation in the contents of current journals reflects, in part, changes that have taken place in the epidemiology of various diseases and, in part, perfected techniques which allow the synthesis of hitherto departmentalized studies. The results of the concentrated efforts which have been expended in recent years in the various subspecialties of thoracic diseases are in a process of integration and greater clinical application. This is due to the wider dissemination of knowledge of pathophysiology.

This book attempts to orient the student in current developments in thoracic diseases. It is no longer necessary to labor the point that an examination of the chest is incomplete without an x-ray study. Today exploration of the chest, including a chest x-ray, leaves much to be desired unless the examiner takes into consideration the functional as well as the anatomic association between the heart and the lungs. In line with this approach, emphasis is directed to cardiopulmonary relations. One section deals with features in which the cardiocirculatory system is primarily involved, and another with those in which the respiratory system plays the dominant role. The chapters concerned with surgically treated lesions and the section on thoracic emergencies contain pertinent discussions on the physiologic disturbances encountered under such circumstances.

In keeping with the phenomenal increase in lung cancer, the most important pulmonary disease currently engaging the attention of physicians, a sizable portion of this book is devoted to intrathoracic neoplasms. And there is every indication

that the diagnosis and treatment of lung cancer will play an even greater role in the years to come. Adequate space is allotted to tuberculosis, since many aspects relating to the epidemiology of infectious diseases in general and to the diagnosis of pulmonary lesions center around the tubercle bacillus. Although the incidence of tuberculosis has declined greatly in recent years, the disease is still a major cause of death in many parts of the world.

On a more hopeful note, it should be pointed out that thoracic diseases in the young are no longer in the exclusive domain of the pathologist. Pulmonary tension disorders and intrathoracic anomalies of infancy are being recognized with increasing frequency by obstetricians and pediatricians, and effective treatment is often possible. Since the sequelae of perinatal diseases overflow into later years, the internist has to be acquainted with the incipient stages of such lesions.

As medical knowledge increases, syndromes are being discovered—more often rediscovered—as a result of newly developed diagnostic techniques, and “man-made” syndromes are recognized for the first time. One meets with abstruse conditions which, for the moment, cannot be pigeonholed into specific compartments. The inclusion of comparatively bizarre lesions in this book is dictated by the fact that once such lesions are recognized, they often become commonplace. It then becomes a matter of definition and classification, although the cause may remain unknown for some time.

The concluding section, dealing with principles of diagnosis, underlines the importance of history-taking. The patient's symptoms often provide a basis for diagnosis which cannot be supplied by any other means. It is true that the objective of medical education is the development of a scientific critique, but the clinical application of such a faculty requires an understanding of the problem presented by each patient, and this is revealed only in the history.

New York City

ELI H. RUBIN

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E. H. R.
M. R.
G. C. L.
D. J. W. E.

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