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Remembering Sam Vaisrub

Dr. Sam Vaisrub served with great distinction as a member of the Editorial Board of Chest. Dr. Blum's commentary about the late Dr. Vaisrub identifies some aspects of the marvelous person and great skills of everybody's favorite editor, Sam Vaisrub.

Editor

If Samuel Vaisrub could be said to have had an editorial mission, it was to demythologize, or at least to place modern beliefs into historic and contemporary perspective. For example, he did not hide his displeasure at attitudes about the old and "soon-to-die" (as well as the dead-resuscitated) fostered by some thanatologists, nurses, geriatricians, and other physicians who deal with such patients "in philosophical generalities with which to reinforce morale" rather than in revitalizing conversations peppered with "local news, humor, gossip, and other mundane matters."¹ "The field of dying is worked to death," he wrote. "Perhaps because it is so easy to write about dying, so much is written about it without saying anything new. Words cannot bridge the infinite chasm of eternity."²

Similarly, he was disturbed about the modern American practice of relating to the patient "the whole truth"—all too often synonymous with a hopeless prognosis—of a condition. "The truth about imminent death is not a philosophical abstraction to be discussed with cool detachment," wrote Vaisrub. "It is a state which may be as lethal to the spirit as its message is to the body."³ The basis for his feeling was not only observed but experienced—in the "wilderness of a modern hospital"⁴ during much of the last year of his life. Ignorance might not really be bliss, he realized, but it may

well have a protective value for morale and for survival. "Telling someone that he is about to die may merely cause the quality of life to decline—and ironically, achieve that longed for mutual concern for both quality and quantity of life—each would, however, be equally low."⁵

Vaisrub was equally sardonic when confronting what he called "the aura that enshrouds 'truth,' be it the revealed truth of the Scriptures or the no less devoutly worshipped truth of science."⁶ He believed that truth is always evolving and can never "truly" be known. Vaisrub preferred the term "soundness" to "truth," "logic" to "fact."⁷ "When two theories compete for truth," he wrote, "it can only be said that one of them is preferred, rather than true."⁸ Facts, moreover, are "entities which always seem to invite confrontations with something they are meant to be the opposite of" and which "enable doctors to withdraw behind a wall of equivocation."⁹ Believing that medicine was ever "precariously balanced on the edge of uncertainty,"¹⁰ Vaisrub reminded the physician-reader of the humbling necessity of making decisions on the basis of clinical judgment more than on the basis of an endless stream of sophisticated tests. Vaisrub did not abhor technology—only its misapplication. Physicians must seek and employ new machines, he agreed, but not at the expense of clinical and linguistic skills. Nothing delighted him more than to see a highly touted invention quietly discarded or a tried and true technique (like auscultation!) reaffirmed after being threatened with extinction. When *pulsus paradoxus* was found to be a valuable prognostic sign in severe asthma, he wrote, "In an age of complex diagnostic technology, any use for a simple old physical sign is bound to quicken the pulse. It is thrilling to see little David take on Goliath."¹¹

But it was not his nature to condemn. On the contrary, he frequently praised new drugs and predicted the success of such advances as renal transplantation and laser technology after reading initial reports about them. And although he wrote about genetic engineering in several editorials over the years, he was more in awe than in fear. He chidingly suggested that such meddling with heredity could never in any case be entirely successful until "sociobiologists assign a locus on the DNA strand to compassion and respect for life's sanctity."¹²

Perhaps his major tongue-in-cheek concern about scientific progress was its erosive effect on language and poetry. Would complete metrification, for instance, mean that physicians must henceforth intone that "24.3495 grams of prevention is worth 0.3732 kg of cure"?¹³ Haunting memories would remain, he

predicted, of a vanished golden era when authors could get a great deal of *mileage* from a single study and editors could take it with a *grain* of salt. With great aplomb, he wondered whether cardiac transplantation could possibly make the patient less compassionate. "Can a lover believe his beloved when she tells him he is breaking her heart? Can anyone who has received the gift of a hoodlum's heart ever be called tender-hearted?"¹⁴ Imagining the cannibalistic situation that could arise if people decided to take the replenishing of depleted organs into their own hands, he proposed an Eleventh Commandment: "Thou Shalt Not Covet Thy Neighbor's Viscera."¹⁵ Artificial hearts were of concern to him from the earliest reports about them: "No two people whose hearts had been replaced by intra-thoracic pumps could possibly have a meaningful 'heart-to-heart' talk. Theirs would of necessity be a pump-to-pump dialogue."¹⁴ He worried about whether modern medicine had indeed interfered with the flight of Cupid's arrow: "Even when scoring a bull's-eye, the arrow may find itself on unfamiliar ground. It may strike a prosthetic valve, a plastic ventricle, even an artificial heart. But will these synthetic artifices respond?"¹⁶ And the introduction of permanent implanted pacemakers led him to suggest the use of a familiar industrial slogan, "Live better electrically,"¹⁷ as a possible advertising campaign.

Although an expert in cardiology, Vaisrub was never fond of the coronary care unit and its intense, apprehensive atmosphere. He saw the cost to the patient in anxiety, fright, and pain. As he sensed technology being substituted for compassion, facts for values, and testing for talk, he wondered whether the *patient* would have to be the compassionate one!¹⁸ In one of his last editorials for the *Manitoba Medical Review*, which he edited for ten years while in clinical practice prior to serving at *JAMA*, he expressed his belief that patients are pleading to the physician for value judgments, not facts; perhaps because they've been given the hard facts about diseases by everyone from their mothers to the mass media, they seek personal guidance from the physician. Vaisrub was troubled not only by doctors' failure to communicate, but also by the need for medical self-legitimization of everything they do. A physician, Vaisrub constantly reminded us, is an equal member of society, a friend, a co-religionist, an advisor, and above all a human being—but never a super-god.³

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Manipulating Cardiac Murmurs

Cardiac murmurs have intrigued physicians since Laennec created the stethoscope in 1818. Modern diagnostic technology has clarified the significance of most murmurs, while modern audiovisual teaching technology has created a younger generation who auscultate the heart with greater skill than their predecessors.

Clinical auscultation is so simple and inexpensive that clinicians and physiologists continue to elaborate refinements to elicit yet more information from the sound waves of the heart. The presentation of Roberto Curiel and colleagues (see page 159) is another addition of this type. By creating transient hypoxemia, these investigators studied the effect of the resulting pulmonary hypertension on right heart murmurs. Hypoxemia was created by having patients inhale 10 percent oxygen mixtures. Dr. Robert Levy of New York used this technique, many years ago, to provoke ischemic RS-T segment displacement in patients with possible ischemic heart disease; this test was an ancestor to treadmill stress tests.

Raising pulmonary artery pressure augments the murmur of pulmonary regurgitation, while reducing the murmurs of pulmonic stenosis and of ventricu-

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