Canadian Medical Association Journal
•
Journal de l'Association médicale canadienne

1867 prom. Alta Vista Dr.
Ottawa ON K1G 3Y6
613 731-9331, 800 267-9703
fax 613 523-0937
E-mail • Cour. élect. : **pubs@cma.ca**
http://www.cma.ca/journals/cmaj

Editor's preface

Français à la page suivante

The heart, that miraculous piece of muscle merely the size of a fist, has for centuries inspired the musings of poets and, ever since Harvey's discovery of the circulation of the blood, the labour of scientific researchers. In the last few decades progress in the scientific domain has been revolutionary. My father died a sudden death almost 30 years ago when he was only 47 and I was in my last year of medical school. Suffering from typical angina, he had been given some nitroglycerin tablets a few months before. It is with a pang in my own heart that I realize how he would have been managed today. Let no one deny that medical practice makes a difference to life expectancy.

Dramatic changes have been most visible in the field of surgery. Recently the University of Alberta Hospital in Edmonton celebrated the legacy of Dr. John Callaghan, who in 1956 performed the first successful open-heart surgery in Canada (page 549). At that time the heart–lung pump "looked like an escapee from the shelves" of the local hardware store. Today the University of Ottawa Heart Institute is testing a new artificial heart (page 553). The juxtaposition of these 2 articles gives some idea of how far we've come in so short a time.

Progress has also been made in prevention and critical care. As for prevention, Mark Twain's Pudd'nhead Wilson pretty much summed it up when he said that "the only way to keep your health is to eat what you don't want, drink what you don't like, and do what you'd druther not."[1] In this issue (page 527) William Dafoe and Patricia Huston review cardiac rehabilitation programs and show that exercise and risk-factor modification can make an enormous difference to long-term survival. In critical care there is also much that can be done to make a difference. Bill Williams (page 509) emphasizes the vital importance of reducing the interval between the onset of acute myocardial infarction and the administration of thrombolytic agents. Ischemic injury of myocardial tissue is completely reversible in the first 20 minutes and partially reversible in the first 3 to 6 hours. Jafna Cox and associates (page 497) give convincing evidence that in Canadian hospitals the "door-to-needle" time is unacceptably long.

Would my father have survived had he become ill today? He certainly would have had a better chance — both of preventing his illness and of being successfully managed. We often hear that medicine makes little difference. That opinion is dead wrong. — JH

Reference

1. Twain M. Pudd'nhead Wilson's new calendar. In: *Following the equator*, 1897.

← For prescribing information see page 599