A VISIT TO THE NEW CARDIAC DEPARTMENT OF THE LONDON HOSPITAL.*

By P. T. O'Farrell.

WHEN your worthy secretary invited me to read a paper before this Society, it occurred to me that you might be interested to hear how a modern cardiac clinic is conducted and equipped.

I felt I could undertake this task with some confidence as I had recently spent a few days at the new Cardiae Department of the London Hospital, where I had had exceptional facilities for seeing the work of the Department. I would ask you, therefore, to accompany me on a tour of inspection around this famous institution, and as we go along I propose bringing to your notice some aspects of cardiology which directly attracted my attention on the occasion of my visit.

The new buildings, which were opened on the 25th November, 1931, represent a further stage in the evolution and progress of a department which was originally founded as far back as 1911, when Sir James Mackenzie was the first director. A brief pamphlet by Dr. Evans shows that the department has met with many successes and some reverses during the period of its existence. In Mackenzie's time distinguished medical men from all parts came to see him at work. During the war years the staff was disbanded and the department remained closed, and its renaissance did not take place until 1920, when Dr. John Parkinson was appointed physician in charge. At first many difficulties were encountered, but these were gradually overcome and since then an unbroken series of successes has continued to the present day.

The medical personnel now consists of Dr. John Parkinson, the Director, who at one time was chief assistant to Mackenzie, and Dr. William Evans, the Paterson Research Scholar. This latter appointment is a whole time one, and the holder, according to the terms of the scholarship, must be a trained and capable investigator. The tenure of office is usually for two years. The services of a technician are also available. This small but highly efficient staff not only carry out the routine work of the department, but also devote a considerable part of their time to research work along clinical lines.

The clinical material comes from various sources: some patients attend on their own initiative or are referred from outside sources, quite a number are transferred from the out-patient departments of the general hospital itself. There are no beds directly allotted to the department, but Dr. Parkinson as physician to the hospital.

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has his own beds, many of which are occupied by patients suffering from heart disease. Naturally this material is fully utilised, and a ward clinic is held by him on Wednesday afternoons. The practice of the cardiae department is open to the students of the hospital, but it is not customary to hold regular postgraduate classes except on rare occasions, as this would unduly interfere with the time set aside for research work. If you refer to the plan (which is approximate to scale), you will be able to get an impression of the general layout of the new department. The building is a completely self-contained unit and is one admirably planned for clinical investigation.

Let us start on our tour by first entering the waiting-hall. In this hall, 14 ft. x 68 ft., there are two rows of benches for men and women patients respectively; these two rows are further subdivided into two groups for new cardiac cases and old cardiac cases. A sister's office overlooks the waiting-hall, over which the sister exercises general control.

The method of case-taking is purely an individual matter for the research scholar, who follows a plan best suited to the requirements of the investigations that are in hand. There are no elaborate case sheets such as those produced by the American Heart Committee.

Most of the records of the research work are kept in the staff room which adjoins the waiting hall; the filing system is not complete up to date, but this is being remedied.

Dr. Evans informed me that the following subjects are under investigation at the present time:—

2. Angina pectoris of syphilitic origin (50 cases have so far been studied).
3. The effect of amyl nitrite on the I wave of the electrocardiogram.
4. Effect of Harmol in angina pectoris (this investigation is completed).
5. Coaetation of the aorta.