tional nurses, and military health personnel).

For a variety of technical, administrative and financial reasons, this program has not been implemented. In spite of the obvious need for this kind of manpower in order to improve the quality of medical care for patients with cardiopulmonary problems in all communities, there is still a strong conservative undercurrent of resistance to the acceptance of this solution.

Hopefully, the future will bring a more realistic attitude in those who could facilitate prompt implementation of such programs.

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OTHER SUGGESTED SOURCE MATERIAL


Coronary Heart Disease

The story of what is the most important of all cardiac disorders, coronary artery disease, may be said to begin in 1768 with Heberden’s vivid picture of what he called “angina pectoris” from the sensation of strangling in the chest. In Heberden’s account, and he described a number of cases, the heart is mentioned but once, and then as not affected by the anginal attack; no indication has been found that he associated the pain with the heart. To Jenner and Parry (Syncope Anginose, 1799) belongs the distinction of first attributing the chest pain to disease of the coronary arteries. Parry also glimpsed a causal relation between myocardial ischemia and the anginal attacks. Allen Burns (Diseases of the Heart, 1809) produced pain in the leg by obstructing the circulation and suggested that this might also be the mechanism causing the pain in the heart. The same line was followed (1927-1932) by Thomas Lewis when he demonstrated that sharp pain was induced by exercising muscle deprived of its normal blood supply.