


**VIEWS FROM THE PAST  George Dock**

*There is no new thing under the sun.* Ecclesiastes 1.9

In this era when angiography, angioscopy, and pathology have concentrated on the importance of plaque disruption in causing coronary thrombosis it is salutary to discover astute observations made in the last century.

George Dock in 1896 made observations that have a remarkably modern ring...

Why then did pathologists subsequently deny the importance of thrombosis? Perhaps because they had become remote from the clinical aspects of disease. That cannot be said of George Dock who was successively Professor of Pathology in Galveston, Professor of the Theory and Practise of Medicine, University of Michigan, and Professor of Medicine in St Louis.

M J DAVIES

A negro drayman, of fifty, a man of unusually powerful physique, with a history of perfect health, was seized in the night with pain in the heart-region and a sense of suffocation. He was seen by Dr E A West, who found no special symptoms other than those mentioned. Morphine temporarily relieved the pain, but in about two hours after the onset the patient suddenly died. I made an autopsy six hours after death, and, finding no marked evidence of disease in any other organ, took the heart unopened to my laboratory for careful examination. This was made by cutting the organ in slices, parallel to the auriculo-ventricular septum, and examining the vessels in each slice separately. . . . The branches of the aorta were all free from atheroma except the coronaries. The latter were affected in various degrees in their whole extent, being calcified, partially occluded or dilated. In the descending branch of the left, just below its origin, was a ruptured atheromatous abscess, eight mm long, extending two-thirds around the dilated artery. The edges were overhanging, the flow uneven and ragged, presenting all the appearances of a recent rupture. This proved to be the case. On opening up the sections of the branches below the rupture they were found to contain a little blood with characteristic atheromatous material, such as cholesterol plates, blood pigment in crystals and masses, larger cells with highly refracting granules and amorphous and granular debris. The left lateral branch of the artery just below the rupture was obstructed by an atheromatous nodule in its wall, but all the other branches contained debris as far as they could be traced.
