observer of irrefutable precision and independence and the secretary to that quite remarkable little society. Hunter and Baillie were also both members and regular contributors. Wells knew of Jenner because Hunter had previously read to the society an interesting letter which Hunter had received from Jenner.⁴

In the introduction to his paper in 1810 Wells detailed the development of knowledge about rheumatic heart disease. There seems little reason to challenge his account. He pointed out that Morgagni and a Dr Ferriar of Manchester had both previously reported the concurrence of rheumatism and organic disease of the heart, but had considered that the association of the two diseases was merely accidental. Then "Dr David Pitcairn, about the year 1788, began to remark that persons subject to rheumatism were attacked more frequently than others with symptoms of an organic disease of the heart. Subsequent experience having confirmed the truth of this observation he concluded that these two diseases often depend on a common cause, and in such instances therefore called the disease rheumatism of the heart. He communicated what he had observed to several of his friends and to his pupils at St Bartholomew's Hospital, to which he was then physician; but no notice, I believe, was taken of his remark in any book before it appeared in the second edition of Dr Baillie's *Morbid Anatomy*, which was published in 1797."

Wells pointed out that a Dr Odier of Geneva had subsequently mentioned the association without attribution in a book entitled *Manuel de Médecine Pratique*, published in 1803, as had Mr David Dundas, a surgeon, in a paper published in the *Transactions of the Medical and Surgical Society of London*. Since Pitcairn had indicated that he had no desire himself to write up his cases, Wells had hoped to include the details of them with those of some cases of his own, however, "I neglected to obtain this while the opportunity existed, and I now lament my indiscretion." As a result the series of 14 cases which Wells presented in 1810 and published in 1812 were all his own. The detail of his descriptions was such that there can now be no doubt that he was dealing with what has subsequently been called rheumatic heart disease. Wells must surely, therefore, continue to be regarded as the man who wrote the original definitive description, although, as he himself was most careful to point out, credit for the conceptual advance belonged entirely to Pitcairn.

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References

- 1 Baillie M. *The morbid anatomy of some of the most important parts of the human body*. 2nd ed. London: J Johnson, G Nicol, 1797.
- 2 Regulations and transactions of the Gloucestershire Medical Society, 1789. London: Library of the Royal College of Physicians.
- 3 Wells WC. On rheumatism of the heart. *Transactions of a Society for the Improvement of medical and surgical Knowledge* 1812;3:373-424.
- 4 Jenner [E]. A process for preparing pure emetic tartar by recrystallization. In a letter to John Hunter, Esq. Read June 4, 1784. *Transactions of a Society for the Improvement of medical and surgical Knowledge* 1793;1:30-1.

This letter was shown to Dr Proudfit, who replies as follows:

Sir,
Credit for priority in science is usually based on the date of original publication or documented presentation at a meeting, although numerous abuses of this rule could be cited. I believe that this view is relevant to the association of rheumatic fever and valvar disease. No claim was made that Jenner was the first to make this association. Many books on "acute rheumatism" were published in the last third of the eighteenth century, especially MD theses in Edinburgh, and as I have not read these it is quite possible that the association was made before 1788.

Doctor David Pitcairn, a distinguished and beloved physician in London, was neither a medical writer nor a morbid anatomist. Credit for his relating rheumatism to heart disease rests with his friends Baillie and Wells. In the absence of knowledge of his definitions of "rheumatism" and cardiac abnormalities (before the days of auscultation), it is difficult to be certain what correlation he was making. In July 1789 Jenner described a young woman with a history of "acute rheumatism" and he found heart disease at postmortem examination.¹ Daniel Ludlow Jr reported a similar case to the same society a year later, also with necropsy findings. Jenner did not forget his aetiological hypothesis and in January 1805 he wrote to Caleb H Parry requesting return of his manuscript because a neighbour had died of heart disease "... which followed two or three severe attacks of acute rheumatism."²

This does not mean that Pitcairn had not arrived at a similar conclusion independently, but such a claim has not been documented. Fortunately, the fame of neither Jenner nor Pitcairn rests on conflicting claims. As in the case of many scientific discoveries, the observations may have been simul-

taneous and completely independent, and possibly not the first reported.

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Ohio 44106,
USA.

References

- 1 Regulations and transactions of the Gloucestershire Medical Society. London: Royal College of Physicians.
- 2 Jenner E. Letter to Caleb H Parry, 1805. The Alcock Mason Chesney Medical Archives, The Johns Hopkins Medical Institutions, Baltimore.

Notices

British Cardiac Society

The Annual General Meeting for 1987 will take place in Dundee on 8 and 9 April 1987, and the closing date for receipt of abstracts was 6 January 1987.

The Autumn Meeting will be held at the Wembley Conference Centre, London, on 24 to 26 November 1987, and the closing date for receipt of abstracts will be 10 July 1987.

Blood vessel imaging

A residential course/workshop on Blood Vessel Imaging Using Ultrasound Techniques will be held at the Dolphin Hotel, Southampton on 11 to 13 May 1987. Details from: Mr K N Humphries, Blood Vessel Imaging Course, 5 Mossleigh Avenue, Rownhams, Southampton SO1 8FU.

Correction

Echocardiographic measurement of the normal adult right ventricle *R Foale, P Nihoyannopoulos, W McKenna, A Kleibenne, A Nadazdin, E Rowland, G Smith*—The authors apologise for errors in their tables in this article published in the July issue (volume 56: pages 33–44). In tables 2, 3, 4, 5, and 6 1 SD should be shown; and in table 5 the value of 1 SD for absolute values (cm) in rows T8 and T10 is 0.1.