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Opening speech of the Vice-president

Prof. W. Löffler, Zürich

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Ladies and Gentlemen

In the name of the Swiss Academy of Medical Sciences I have the honour and great pleasure to welcome you here in Basle, especially all those among our guests coming from English speaking countries.

We all hope that our symposion on arteriosclerosis will be successful, scientifically as well as personally. We especially hope that the results of our discussion will be that of mutual stimulation in our research work.

We would also be greatly pleased if you would feel at home in the atmosphere of Basle with its historical aspects including an university dating from 1460.

In this auditorium I need not emphasise the importance of gerontology and geriatrics.

The steady increase in number of aged individuals, as a result of medical progress, daily creates new problems, perhaps not so much in quality as in quantity. We feel authorized to say that this situation is due to medical activity, even if the effects of the recent antibiotic treatment are not *yet appreciable*. Thus the ascending branch of the curve, representing human life, is more and more freed from pathological interferences and by this fact the descending branch became longer and longer and thus steadily more vulnerable.

Behind each of those problems there stands a daily increasing number of suffering individuals waiting for treatment and relief.

Stretching the span of a life does by no means include the gift of permanent health and validity.

The aspect of this problem is perhaps best symbolised in Greek mythology. I think of the story of rododactylos Eos. The goddess being in love with a mortal man, received by Jupiter eternal life for the beloved. But she had forgotten to ask for eternal youth. So the result was eternal life but also eternal shrinking, so that the poor creature finally shrunk to the size of an insect.

Poets have seen and felt with clearest intuition changes of the individuality due to arteriosclerosis, anticipating what science realised only centuries later. Especially in English literature we find striking examples of what we call psychoorganic syndroms, as in *King Lear*, while Shakespeare died long before Harvey's discovery.

When *Jonathan Swift* writes on his own death, he gives an accurate clinical description of cerebral arteriosclerosis.

It might be an introduction to our symposion when he writes: (Verses on the Death of Dr. *Swift*, occasioned by reading the following Maxim in *La Rochefoucault*: Dans l'adversité de nos meilleurs amis nous trouvons toujours quelque chose qui ne nous deplaist pas. "In the adversity of our best friends we always find something that doth not displease us." Written in November 1731):

See how the Dean begins to break!
poor gentleman! he droops apace;
You plainly find it in his face:
that old vertigo in his head
will never leave him till he's dead.
Besides, his memory decays;
he recollects not what he says;
he cannot call his friends to mind,
forgets the place where last he dine'd,
plies you with stories o'er and o'er;
he told them fifty times before.
How does he fancy we can sit
to hear his out-of-fashion wit?
But he takes up with younger folks,
who for his wine will bear his jokes.
"Faith, he must make his stories shorter,
or change his comrades once a-quarter:
in half the time he talks them round;
there must another set be found.
For poetry he's past his prime;
he takes an hour to find a rhyme:
his fire is out, his witt decay'd,
his fancy sunk, his Muse a jade,
I'd have him throw away his pen;—
but there's no talking to some men."

And then their tenderness appears
by adding largely to my years.

He's older than he would be reckon'd,
and well remembers Charles the Second:
he hardly drinks a pint of wine,
and that, I doubt, is no good sign.
His stomach, too, begins to fail:
last year we thought him strong and hale,
but now he's quite another thing;
I wish he may hold out till spring.

The post-mortem is specially inspiring:

The doctors tender to their fame,
Wisely on me lay all their blame.
We must confess his case was nice,
but he would never take advice,
had he been ruled for aught appears
he might have lived these twenty years,
for when we opened him we found
that all his vital parts were sound . . .

Last but not least I would recall the “Death of Lefevre” as told by Uncle Toby, in “Tristram Shandy, gentleman”. In few words, by rhythm and by onomatopoeic means, *Laurence Sterne* gives insight in the dying heart, mechanically and emotionally, in a manner which scarcely can be surpassed, when he writes:

“ ... the pulse fluttered, – stopp’d – went on, – throbb’d, – stopped again, – mov’d – stopp’d. Shall I go on? – No. This is a normal heart beat, followed by extrasystolic beat and the compensatory pause: Shall I go on? – No.

Nor shall I. Thank you.