Foreword

Deviant Behavior

Constancy is something we perpetually search out in medicine. Patients seek medical care when there is a break from the feeling of constancy. Fatigue, insomnia, change in bowel habits, and heart palpitations are some of the most common complaints during a primary care visit. As providers, we inquire about “balanced” diets and “regular” exercise, and we seek out aberrant habits, such as cigarette and drug use and excess alcohol consumption. During the physical examination, we want to know if the “pupils are equal,” bowel sounds are “normoactive,” and whether the heart sounds are “regular rate and rhythm.”

How we diagnose and treat aberrancies is what defines the practice of medicine. In 1930, Johns Hopkins University engineering student William Kouwenhoven invented a device intended to treat some of these aberrancies. He was able to externally jump start the heart in dogs. Several years later in 1947, surgeon Claude Beck successfully used such a device (defibrillator) in a human who survived a ventricular fibrillation arrest. Today, the public is encouraged to learn how to locate and use automated external defibrillators in order to maximize survival of patients with sudden cardiac death.

In this issue of the Medical Clinics of North America, my friend and colleague Dr Costantini has assembled a team of cardiologists who discuss the approach to diagnosis and treatment of cardiac arrhythmias. In most cases, correcting the anomaly may be the most appropriate course of action, especially given the advances in treatment...
modalities. However, some conditions may not require correction, just management and control of the deviant electrical behavior.

Bimal H. Ashar, MD, MBA, FACP
Division of General Internal Medicine
Johns Hopkins University
School of Medicine
601 North Caroline Street
#7143
Baltimore, MD 21287, USA

E-mail address:
Bashar1@jhmi.edu