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DISEASES OF THE HEART

DESCRIBED FOR
PRACTITIONERS AND STUDENTS

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DISEASES OF THE HEART

BOOKS BY SIR THOMAS LEWIS

CLINICAL DISORDERS OF THE HEART BEAT

CLINICAL ELECTROCARDIOGRAPHY

THE MECHANISM AND GRAPHIC REGISTRATION
OF THE HEART BEAT

THE BLOOD VESSELS OF THE HUMAN SKIN
AND THEIR RESPONSES

CLINICAL SCIENCE ILLUSTRATED BY PERSONAL
EXPERIENCES

VASCULAR DISORDERS OF THE LIMBS DESCRIBED
FOR STUDENTS AND PRACTITIONERS

THE SOLDIER'S HEART AND THE EFFORT
SYNDROME

PAIN

EXERCISES IN HUMAN PHYSIOLOGY (PRELIMIN-
ARY TO CLINICAL WORK)

PREFACE TO FOURTH EDITION

IF I had set out to describe the many and often very complex methods of examination now in use, had attempted to discuss at any length the pathology of heart disease, had included all known disorders of the heart, giving to each of these the space commensurate with our knowledge of it, and without consideration of its commonness or rarity, this book would have grown to form an unwieldy treatise. The impulse to write a work of reference has not stirred me, but I have had the desire to place at the disposal of students and medical practitioners the outline of my clinical teaching on diseases of the heart, as this has developed in my talks to my own hospital students.

In beginning that teaching thirty and more years ago, I determined that the basis of what I taught should be that which I myself had seen and proved to be true. A second ideal that I have striven hard to attain is simplicity in teaching; this was not so easy during the years in which my work lay largely among pulse and galvanometric curves. But I have become more and more convinced of the need for simplicity; and it was apparent that little of the graphic work could profitably be taught to men entering practice, whose foremost interest must always be in observations they themselves can make upon their patients.

Such a vast amount of knowledge has accumulated about human disease, that we can now cut ruthlessly away from text-books all that we perceive to rest upon an insecure basis; and we can dispense with many trivial details, having something more substantial to put in their places. Some space has been regretfully given to the explanation of such pruning. Otherwise I have endeavoured to keep to what practice needs and to discuss such things thoroughly. I have tried to strip my subject of intricacies and redundances, of unnecessary technical terms, named signs, and the old trite phrases, for these begin to stifle Medicine. It has been important to try to achieve a proper perspective of values so as not to place undue weight on this or that, because its novelty attracts or because it has a strong personal interest. I shall not be accused, I think, of over-emphasising electrocardiography. The few graphic records published suffice only to show the chief directions in which these records prove serviceable. Radiography I have treated simply by using illustrative orthodiagrams, chosen from a large collection.

my own taking. In the book, chief emphasis has fallen upon physical signs that are within the immediate reach of all. I have laid deliberate stress on common forms of disease, but here and there use the rare when it illuminates.

What is said I have tried to arrange whenever possible in a natural and logical sequence of ideas and not simply as a series of disconnected facts. There is abundant opportunity in the study of patients for the exercise of thought; and no system of teaching that relies chiefly upon memory, or neglects to foster processes of reasoning, can have real educational merit. A chief reform needed in medical education to-day is that students should be encouraged to take a more leisurely and intelligent interest in phenomena, not of the laboratory, with which they will soon lose all connection, but of everyday practice. An underlying philosophy, when it can be found, is invaluable in practice, not only because it quickens and maintains interest, but because it forms a stable guide to action when experience fails, as it often will in face of the unusual, to give precise or particular direction. I have tried, and perhaps not always with success, to follow and obey the recognised law that there is but one cause for one effect, and to group symptoms where they belong, so that the same group is not accredited to two distinct lesions, but to one common state.

And now to consider the arrangement of the subject-matter. It is traditional to classify diseases whenever possible upon an anatomical basis. My first reaction to an anatomical classification of heart disease is that heart diseases cannot be classified. Medicine is top-heavy with classifications, which, often illogical, parody those of the systematic biologies. My second reaction is that anatomy fails as a chief basis of thought where heart disease is concerned. When Surgery classifies and likewise thinks anatomically, it has at least the excuse that it is so impelled because anatomy rigidly governs treatment of the diseases falling within its sphere. Medicine has the privilege of greater freedom, can view the body more as one whole, see disease more broadly, and picture a series of states of disordered function recognisable only during life. Models of heart disease cannot be cast in anatomical moulds, and the persevering efforts so to fashion them have provided, and continue still to provide, in our text-books images of disease that are often so grotesque in their representation that they largely fail in their excellent purpose of forming guides to the management of disease. This is said in deliberately vigorous terms, that it may draw and hold attention. It is with the symptoms

of disease that the patient, and that the doctor mainly, contends; and the symptoms of heart disease may be said to derive from faults in function. Therefore, in managing our patients, our thoughts must be chiefly set in terms of function and not of structure. To whom I fail to teach this first simple, but essential, lesson I have nought to teach. Who consents to it provisionally, or who grasps it, will be encouraged to pursue the idea by this book's arrangement. For it is with this object in mind that I have departed from past precedents and have placed in the foreground those things an understanding of which is of supreme importance in the management of heart cases, namely, cardiac failure and angina pectoris. The book differs much in its arrangement and in its outlook from other works dealing with heart disease; but that is perhaps the soundest reason for its publication.

The text of the last edition has been revised thoroughly, and a number of changes have been made in the book to keep it in close conformity with recent new work and thought. The main changes are in the chapters that deal with cardiac failure.

My grateful thanks are again due to my secretary, Miss L. M. Searle, who has given me considerable help in the preparation of this edition.

THOMAS LEWIS

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