CLUES IN THE DIAGNOSIS AND TREATMENT OF HEART DISEASE

(Second Edition)

By PAUL D. WHITE, M.D.

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PREFACE TO THE SECOND EDITION

THE apparent usefulness of this small book and the suggestions of a number of friends are the occasion for this new edition. Its arrangement which seemed a practical one has not been altered. Various clues not entered in the first edition have been incorporated in the text and a few new illustrations have been added. As before I would welcome the receipt of new clues from anyone who may read this book.

PAUL D. WHITE

Boston, Massachusetts
February 1, 1956

PREFACE TO THE FIRST EDITION

A LONG experience in the practice of medicine with particular attention to cardiovascular disease has revealed the value of a search for diagnostic, prognostic, and therapeutic clues, often not listed as such in the current textbooks or general articles. Although such clues have frequently been discussed and analyzed in individual researches and published papers they have not been assembled for ready reference. During the last 10 years or more I have been in the habit of giving a lecture on the subject in graduate courses in heart disease. The usefulness of such a presentation has resulted in a request that I expand it for publication into a small volume.

The chapters in this book present clues obtained from general observation of the patient, from his past and family histories, from his symptoms, from signs obtained by physical examination, auscultation, and sphygmomanometry, and the results of x-ray and electrocardiographic studies. Since this volume is intended largely for the general practitioner I have included very little of the findings obtained by the more specialized laboratory procedures such as cardiac catheterization, angiocardiography, ballistocardiography, phonocardiography, and biochemical technics. For a discussion of the findings in such technics the reader is referred to the larger or special volumes concerned therewith.

Before completing the manuscript I have collected from various medical colleagues in this country and abroad word about some of their own pet clues and thus, through their kindness, I have reinforced my own experience with

theirs. For this I am indebted to the following physicians as well as to many others, too numerous to name here, whose writings I have read or whose lectures I have attended:

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Some of the more epigrammatic observations contained in the replies of these medical friends I am including as direct quotations, generally verbatim; I appreciate very much the permission to do so.

Also, I would like to express my appreciation to the editors of these volumes, Drs. Irvine Page and A. C. Corcoran, for asking me to write this book in the first place, to my secretary, Miss Helen Donovan, for preparing the manuscript, to Miss Louise Wheeler and Dr. Allan Friedlich for assembling the illustrations, and to the publishers for their friendly coöperation.

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INTRODUCTION

THE PRACTICE of medicine has several attractive features which render it one of the most fascinating adventures in the world. In the first place, it deals with people, an absorbing occupation in itself both because of its humanitarian role and because of the infinite variety of personalities involved. "One must individualize strictly and study and treat the whole man as well as the disease (in this case, of his heart)." In the second place, it is a scientific discipline which has greatly advanced in factual knowledge during the last few decades and allows us now to bring hope to many patients who were doomed a generation ago. And, finally, it is very often a fine art of detection which requires for its solution an assembly of revealing clues. The well rounded practicing physician needs, therefore, in his own person a fair share of all these three attributes: 1) the love of humanity, 2) a scientific mind, and 3) an interest in the unraveling of mysteries. A busy doctor hardly needs to spend much time reading detective stories for his entertainment, for he is faced by many problems of this sort in his daily life.

The diagnosis and treatment of heart disease lend themselves especially well to the gathering of clues for elucidation. Even what seem like straight forward lesions may in their evolution develop unexpected complications which might have been foreseen had certain clues been looked for and noted along the way. And not infrequently there are obscurities at the very onset that can be cleared by a conscious search for clues. In the past, although systematic questioning and examination of patients may have been

the customary rule, there has been on occasion little effort to separate the red herrings from the important clues. There has tended to be a haphazard recording of facts without emphasis on certain significant clues which can be scientifically appraised. A further point of considerable importance is that one cannot rely on the absence of symptoms or signs unless they have been specifically inquired into or looked for. "A doctor who cannot take a good history and a patient who cannot give one are in danger of giving and receiving bad treatment." And finally, "In diagnosis one should seldom think of any *single case* one may have seen. This often warps the judgment, as Robert Hutchison has mentioned," and yet it is true that very rare causes of disease, such as amyloidosis and neoplasm, should be thought of in very obscure cases. "Do not, however, yield to the natural temptation to make a snap diagnosis."

CHAPTER II

GENERAL CLUES

THE PHYSICIAN who himself sees, questions, and examines a patient has a great advantage over the one who simply reads or hears the patient's record prepared by someone else. Not, of course, that he could have necessarily prepared a better record, but there are some things in dealing directly with a person that are hard to put down on paper. It is this disadvantage that prevents a complete picture of a case in a clinicopathological conference, although that difficulty is counterbalanced by the fact that the detective on the case can usually count on the probability of a rare or unusual diagnosis.

The general appearance of the patient and his or her mental attitude are of the greatest importance at the very outset in the appraisal of a case and though quickly noted by the observer are rarely recorded. They are clues for the correct interpretation of symptoms when they are described by the patient and have a bearing on prognosis as well as on diagnosis and treatment. Not only do they help eventually in outlining treatment but they suggest quite early whether or not it will be easy or difficult to secure the confidence of the patient and therewith a full coöperation in carrying out treatment which often must extend for a good many years.

The physician must himself, of course, sympathetically receive the patient and listen to the story before trying to impose his own personality. The very first hour of consultation may make or mar all future relationships and render easy or difficult the establishment of a correct diagnosis and proper treatment. In accomplishing this there is a happy mean between a studied, cold objective manner and a maudlin over-solicitude, though each case must perforce be judged and treated on individual merits.

The doctor's secretary who makes the first appointment by telephone or direct conversation, or a friend or a member of the family or another physician, who refers the patient, may not infrequently be able to add comments of considerable importance about the physical or mental attitude of the patient before the doctor himself meets him; these should not be ignored though they may need to be corrected later on better acquaintance.

Is the patient impetuous or overanxious or is he slow in seeking advice and tending to minimize his troubles? The first few minutes of the consultation afford such information which is, of course, essential in the elucidation as well as in the appraisal of the symptoms. Is he nervously sensitive with a low threshold and so more conscious of his trouble, whether pathological or physiological or a mixture of both? Or is he callous about himself or others and so insensitive that some disease process may be fairly advanced before he is actually aware of it or willing to acknowledge that he is sick? It is sometimes difficult to define these attributes of the patient but even more is it true that they are infrequently put down on the case record although they are appreciated and actually subconsciously taken into consideration by the doctor himself.

Moreover what is the extent of the patient's knowledge and insight into his medical status? How much has he been