



---

# DISEASES OF THE HEART

---

*By*

CHARLES K. FRIEDBERG, M.D.

*Associate Physician, Mount Sinai Hospital, New York;  
Lecturer in Medicine, Columbia University*

---

PHILADELPHIA & LONDON

W. B. SAUNDERS COMPANY

1950

Reprinted February, 1950



COPYRIGHT, 1949, BY W. B. SAUNDERS COMPANY



COPYRIGHT UNDER THE INTERNATIONAL COPYRIGHT UNION



*All rights reserved. This book is protected by copyright. No part of it may be duplicated or reproduced in any manner without written permission from the publisher. Made in the United States of America at the Press of W. B. Saunders Company, Philadelphia.*

TO

MY WIFE

AND TO

R. M. F. AND B. J. F.

## PREFACE

This book endeavors to provide a comprehensive and integrated exposition of the diseases of the heart. The swift pace of recent advances in this subject calls for a reorientation in presentation, and a modification in emphasis from that found in available standard works on cardiac disease.

In particular, special emphasis has been placed on the pathologic physiology of cardiac disorders, including the pathogenesis or mechanism of the symptoms and signs of circulatory failure, of angina pectoris and myocardial infarction, and of the various manifestations of the individual cardiac diseases. These discussions are not exhibited for mere academic consumption, but with the belief that an understanding of the dynamic events responsible for clinical phenomena is essential for maximum skill in diagnosis and treatment.

The increased utilization of quantitative measurements in the clinical study of circulatory disease is reflected in detailed discussions of the cardiac output, blood volume and extracellular volume, peripheral and intracardiac blood oxygen concentration and intracardiac pressures, body fluid and tissue electrolytes, and renal and pulmonary blood flow. Throughout the book these measurements are applied to clinical understanding and practical usage in the every-day diagnosis and treatment of cardiac disease.

Certain subjects of predominant importance have been presented as individual monographs. Ten chapters have been devoted to circulatory failure, eight chapters to diseases of the coronary circulation, and three to rheumatic fever and rheumatic heart disease. Bacterial endocarditis has been discussed extensively because it is the most frequent curable cardiac disease. Its bacteriological aspects have been presented in some detail because of their importance for effective diagnosis and treatment. Congenital heart disease has likewise been fully described because of the many recent advances in diagnosis and treatment. Special recognition has been given to cardiac catheterization, oxygen and pressure studies and angiography as aids to the exact diagnosis essential for possible surgical treatment. The diagnosis and treatment of other remediable cardiac conditions have been emphasized, e.g., thyrocardiac disease, constrictive pericarditis, and heart failure due to anemia, avitaminosis, arteriovenous aneurysm and myxedema. Reference is also made to very recent advances in the surgical treatment of various clinical and experimental cardiac lesions including coronary artery disease, valvular disease and septal defects as well as other congenital anomalies, tumors and traumatic disturbances. To avoid repetition, no special chapter is devoted to cardiovascular emergencies, but appropriate discussions may be found rapidly by reference to the individual conditions under the heading "emergencies, acute cardiovascular" in the index.

Certain less common forms of cardiac disease have been described in greater detail than is usually found in standard books, e.g., cardiac disease related to endocrine, metabolic and nutritional disturbances, including also the cardiac effects of hemochromatosis, von Gierke's disease, xanthomatosis, amyloidosis and acute porphyria. Ample consideration has been given to the effects of various infections on the heart, to nonspecific myocarditis, and to other myocardial diseases of obscure origin, e.g., idiopathic hypertrophy, scleroderma and myotonia atrophica.

Roentgenology and electrocardiography have become essential elements of cardiologic practice and are thoroughly discussed throughout the book. Individual chapters devoted exclusively to a formal presentation of electrocardiography and roentgenology have been omitted, partly to avoid duplication and save space, but chiefly because as isolated subjects they could not be presented adequately in single chapters. Instead, emphasis has been placed on the application of electrocardiographic and roentgenologic interpretation to clinical practice, in which these findings must be integrated with the clinical history, symptomatology and other objective data.

Electrocardiography has been discussed in detail in connection with the arrhythmias, angina pectoris, myocardial infarction, pericarditis and myocardial disease, while both electrocardiography and roentgenology, including angiography, have been amply considered in connection with such subjects as chamber enlargement, valvular heart disease and congenital cardiac lesions. To a lesser extent electrocardiographic and roentgenologic findings are also described in connection with almost every other type of heart disease, according to the importance and diagnostic value of these findings relative to other clinical features. A number of other graphic methods, including phonocardiography, roentgenkymography, electrokymography (fluorocardiography) and endocardial electrocardiography, have recently received increasing attention from cardiac investigators and these have been briefly mentioned when pertinent. However, because of their limited practical value at the present time these and other subjects in which the author may have a special interest have not been unjustly emphasized.

It is impossible to make specific acknowledgment to the host of individuals who, directly or indirectly, have helped provide the knowledge which is the basis for this book. I owe much to hospital colleagues and associates, and especially to Dr. Arthur Fishberg. Of the numerous teachers and collaborators to whom I am indebted I wish to mention specifically the late Dr. C. J. Rothberger of Vienna who trained me in experimental cardiology and electrocardiography, the late Dr. Louis Gross in cardiac pathology and the late Dr. Emanuel Libman in clinical cardiology.

For the opportunity of studying and utilizing the clinical material on his wards and for his encouragement in clinical research, I am especially grateful to Dr. George Baehr. I also wish to offer thanks to Dr. B. S. Oppenheimer and Dr. I. Snapper, under whom I have served for brief periods. Dr. A. Master kindly permitted my use of the electrocardiographic files and Dr. M. Sussman

permitted the use of the roentgenologic files of The Mount Sinai Hospital. I am grateful to Drs. A. Grishman and Joan J. Lipsay for their assistance in choosing most of the material for illustrations and to Drs. J. B. Schwedel and R. H. Marshak for isolated roentgenograms. To my wife I am indebted for typing the original manuscript and its several revisions, for editorial assistance and especially for her tolerance during my writing of this book.

The editorial and administrative staffs of my publisher, the W. B. Saunders Company, have been helpful and cooperative.

*New York City*

CHARLES K. FRIEDBERG

## CONTENTS

### PART I. CIRCULATORY FAILURE

1. CARDIAC FUNCTION AND CARDIAC FAILURE.....	3
Adaptability of the Heart.....	3
The Law of the Heart.....	3
Cardiac Response to Increased Venous Inflow, 4; Cardiac Response to Increased Aortic Resistance, 4; Cardiac Reserve, 5; Cardiac Tonus or Tone, 5; Reflex Control of Cardiac Output, 6; Factors Impairing Cardiac Output, 6.	
2. CARDIAC AND CIRCULATORY COMPENSATIONS.....	8
Cardiac Compensation by Tachycardia.....	8
Cardiac Dilatation.....	10
Cardiovascular Diseases and Compensatory Dilatation, 10.	
Cardiac Hypertrophy.....	11
Relation of Cardiac Dilatation and Cardiac Hypertrophy, 12; Reversibility of Cardiac Dilatation and Hypertrophy, 13.	
Circulatory Compensation by Increased Blood Volume and Venous Return.....	13
Circulatory Compensation by Redistribution of a Diminished Cardiac Output.....	14
Relation of Compensatory Mechanisms to Clinical Manifestations of Cardiac and Circulatory Dysfunction, 14.	
Classification of Circulatory Failure.....	15
3. ENLARGEMENT OF THE HEART.....	17
Physical Signs of Cardiac Enlargement.....	17
Roentgenologic Examination of the Heart.....	18
THE NORMAL CARDIAC SILHOUETTE.....	19
THE NORMAL CARDIAC SIZE AND CARDIAC ENLARGEMENT AS DETERMINED BY ROENTGENOGRAPHY.....	22
Factors Modifying the Normal Cardiac Silhouette, 25.	
ENLARGEMENT OF THE INDIVIDUAL CHAMBERS.....	25
Left Ventricle, 26; Left Atrium, 28; Right Ventricle, 29; Right Atrium, 31.	

ELECTROCARDIOGRAPHIC SIGNS OF CARDIAC ENLARGEMENT.....	32
DEVIATION OF THE ELECTRICAL AXIS.....	32
Determination of the Mean Electrical Axis, 32; The Mono- cardiogram or Vectorcardiogram, 35; Ventricular Gradient, 36; The Recognition of Axis Deviation, 37; Axis Deviation Due to Positional Change or Cardiac Enlargement, 39.	
THE ELECTROCARDIOGRAM IN ENLARGEMENT OF THE LEFT VEN- TRICLE (LEFT VENTRICULAR STRAIN).....	40
THE ELECTROCARDIOGRAM IN ENLARGEMENT OF THE RIGHT VEN- TRICLE (RIGHT VENTRICULAR STRAIN).....	41
THE ELECTROCARDIOGRAM IN ENLARGEMENT OF THE ATRIA....	41
 4. ETIOLOGY OF CHRONIC (CONGESTIVE) HEART FAILURE.....	45
The Fundamental Mechanism of Cardiac Failure.....	45
THE PATHOLOGIC BASIS OF CARDIAC FAILURE.....	45
CAUSES OF FAILURE IN THE ENLARGED HEART.....	49
THE CHEMICAL BASIS OF CARDIAC FAILURE.....	52
Disturbances of the Glycogen Cycle, 52; Disturbances of Phosphocreatine Metabolism, 53; Phosphorus and Pot- assium Metabolism, 53; Adenosine Triphosphoric Acid, 54.	
Precipitating Clinical Causes of Congestive Heart Failure.....	54
SIGNIFICANCE OF THE PRECIPITATING CAUSES OF CONGESTIVE HEART FAILURE.....	56
Underlying Causes of Congestive Heart Failure.....	57
 5. CLINICAL AND PATHOLOGIC FEATURES OF CHRONIC (CONGESTIVE) HEART FAILURE.....	59
Left-Sided Heart Failure.....	59
CAUSES .....	59
PATHOLOGIC PHYSIOLOGY.....	60
PATHOLOGY.....	60
CLINICAL FEATURES.....	61
Symptoms, 61; Physical Signs, 65.	
DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS.....	70
Right-Sided Heart Failure.....	70
CAUSES.....	71
PATHOLOGIC PHYSIOLOGY.....	71
PATHOLOGY.....	72
CLINICAL PICTURE OF RIGHT-SIDED HEART FAILURE.....	73
DIAGNOSIS.....	78
Course and Prognosis of Congestive Heart Failure.....	79

6. THE PATHOGENESIS OF CONGESTIVE HEART FAILURE.....	82
The Forward-Failure Theory.....	82
The Backward-Failure Theory .....	84
The Cardiac Output in Congestive Heart Failure.....	87
Cardiac Failure with High Cardiac Output, 88; Relation between Changes in Cardiac Output and Severity of Symptoms, 88; Reduced Cardiac Output without Symptoms of Congestive Heart Failure, 89; Summary of Criticisms of Forward-Failure and Backward-Failure Theories, 89.	
A Modified Theory of Congestive Heart Failure.....	90
HOMEOSTATIC MECHANISMS CONTROLLING THE CARDIAC OUTPUT...	91
MECHANISM OF INCREASING BLOOD VOLUME IN CONGESTIVE HEART FAILURE.....	93
Increased Blood Volume and Impaired Renal Excretion of Sodium and Water, 94; The Relation of Increased Blood Volume to Venous Return and Venous Pressure, 96.	
RELATION OF VENOUS RETURN AND VENOUS PRESSURE TO CARDIAC OUTPUT.....	98
PATHOGENESIS OF LEFT-SIDED HEART FAILURE.....	98
PATHOGENESIS OF RIGHT-SIDED HEART FAILURE.....	99
RELATION OF SODIUM-WATER RETENTION, INCREASED BLOOD VOLUME AND VENOUS PRESSURE IN CONGESTIVE HEART FAILURE	100
RELATION OF EXERCISE TO PATHOGENESIS OF SYMPTOMS OF HEART FAILURE.....	101
THE PATHOGENESIS OF HIGH OUTPUT HEART FAILURE.....	102
HYPERVOLEMIA IN HEART FAILURE AND POLYCYTHEMIA.....	103
7. THE PATHOGENESIS OF INDIVIDUAL MANIFESTATIONS OF CONGESTIVE HEART FAILURE.....	106
Pathogenesis of Cardiac Dyspnea.....	106
RELATION OF EFFORT TO CARDIAC DYSPNEA.....	111
Pathogenesis of Orthopnea.....	112
Pathogenesis of Paroxysmal Dyspnea and Cardiac Asthma.....	113
Pathogenesis of Acute Pulmonary Edema.....	114
Pathogenesis of Cheyne-Stokes Respiration.....	116
Pathogenesis of Cardiac Edema.....	117
Sodium-Water Retention, 117; Increased Venous Pressure, 118; Reduction in Colloid Osmotic Pressure, 119; Tissue Pressure, 120; Lymphatic Drainage, 120; Capillary Per- meability, 121; Hormones, 121.	
Pathogenesis of Cardiac Hydrothorax.....	121
Pathogenesis of Ascites.....	122
Pathogenesis of Cyanosis.....	123
Pathogenesis of Icterus in Heart Disease.....	125
Pathogenesis of Gallop Rhythm.....	126
Pathogenesis of Pulsus Alternans.....	127

8. CIRCULATORY MEASUREMENTS IN CONGESTIVE HEART FAILURE.....	131
The Cardiac Output.....	131
MEASUREMENT OF THE CARDIAC OUTPUT.....	131
The Fick Principle, 131; The Direct Fick Method, 132; Indirect Fick Methods, 133; Dilution Methods, 133; Physical Methods, 134.	
THE CARDIAC OUTPUT IN HEALTH AND DISEASE.....	136
The Circulation Time.....	138
METHODS OF DETERMINING THE CIRCULATION TIME.....	138
CLINICAL ABNORMALITIES OF THE CIRCULATION TIME.....	140
THE CIRCULATION TIME IN CONGESTIVE HEART FAILURE.....	141
DIAGNOSTIC VALUE OF THE CIRCULATION TIME.....	142
Blood Volume.....	143
DETERMINATION OF THE CIRCULATING BLOOD VOLUME.....	143
Evans Blue (T 1824), 143; Radioactive Substances, 144.	
THE NORMAL CIRCULATING BLOOD VOLUME.....	144
PHYSIOLOGIC AND PATHOLOGIC VARIATIONS IN BLOOD VOLUME.....	145
THE CIRCULATING BLOOD VOLUME IN CONGESTIVE HEART FAILURE..	146
Extracellular and Intracellular Fluid Volume.....	146
Venous Pressure.....	147
Estimation of the Venous Pressure by Clinical Inspection, 147; Indirect Method of Determining Venous Pressure, 148; Direct Methods of Measuring Venous Pressure, 148; Normal and Pathologic Venous Pressures, 150; Clinical Application of Determination of Venous Pressure, 151.	
The Vital Capacity.....	152
Tests of Myocardial Reserve.....	154
9. THE TREATMENT OF CONGESTIVE HEART FAILURE.....	160
Treatment of the Underlying Causes of Heart Failure, 160; Preventive Measures, 160.	
General Therapeutic Measures.....	161
Principles of Treatment, 161; Rest, 161; Restriction of Sodium and Fluid, 166; Diet, 169.	
Digitalis and Related Drugs.....	170
THE ACTION OF DIGITALIS.....	170
Improvement of Myocardial Function, 171; Slowing of the Cardiac Rate, 171; Peripheral Action of Digitalis, 173; Digitalis and Cardiac Size, 173; Digitalis and Circulatory Dynamics, 174; Digitalis and Electrolyte Excretion and Renal Function, 175.	
INDICATIONS FOR DIGITALIS THERAPY.....	175
FACTORS MODIFYING THE INDICATIONS FOR DIGITALIS.....	177
CONTRAINDICATIONS AND NON-INDICATIONS FOR DIGITALIS THERAPY	178
PREPARATIONS, STANDARDIZATION AND DOSAGE OF DIGITALIS....	179

STANDARDIZATION AND ASSAY OF DIGITALIS PREPARATIONS.....	183
THE ADMINISTRATION OF DIGITALIS.....	183
Methods of Inducing Digitalization (Oral Methods), 184; Maintenance of Digitalization, 186; Digitalization of Children, 186; Intravenous Administration of Digitalis or Strophanthin, 187; Rectal Administration of Digitalis, 188.	
EVIDENCE OF DIGITALIS OVERDOSAGE.....	189
THE EFFECT OF DIGITALIS ON THE ELECTROCARDIOGRAM.....	191
Diuretics.....	194
MERCURIAL DIURETICS.....	194
Action, 194; Indications, 195; Contraindications, 196; Toxic and Other Undesirable Effects, 196; Administration and Dosage, 198.	
ACIDIFYING SALTS.....	200
XANTHINE DERIVATIVES.....	200
UREA.....	201
POTASSIUM SALTS.....	201
Other Drugs.....	202
Morphine, 202; Codeine, 203; Sedatives, 203; Dicumarol, 203; Laxatives and Cathartics, 203.	
Oxygen Therapy.....	204
Phlebotomy (Venesection).....	204
Mechanical Removal of Serous Effusion and Edema Fluid.....	205
Total Thyroidectomy.....	206
Thiouracil and Other Antithyroid Drugs, 206.	
Emergency Treatment of Acute Left Ventricular Failure (Pulmonary Edema).....	207
Treatment of Intractable Heart Failure.....	207
 10. ACUTE CIRCULATORY FAILURE: SHOCK, SYNCOPES AND SUDDEN DEATH..	212
Shock.....	213
DEFINITION .....	213
CLASSIFICATION.....	213
PATHOLOGIC PHYSIOLOGY.....	214
Fundamental Mechanism, 214; Initial Disturbances, 214; Compensatory Mechanisms, 214; Stage of Irreversible Shock, 216.	
ETOLOGY AND PATHOGENESIS.....	218
PATHOLOGY OF SHOCK.....	221
CLINICAL FEATURES OF SHOCK.....	221
TREATMENT OF SHOCK.....	223
Syncope.....	225
1. Vasodepressor Syncope, 225; 2. Postural Syncope and Chronic Orthostatic Hypotension, 226; 3. Cardiac Syncope, 227; 4. Anoxic Syncope, 227; Other Types of Syncope, 227; Hysterical Fainting, 227.	

AVIATION AND SYNCOPES.....	227
TREATMENT OF SYNCOPES.....	228
Sudden Death.....	228
PATHOLOGIC PHYSIOLOGY.....	228
ETIOLOGY AND PATHOLOGY.....	229
PREVENTION AND TREATMENT.....	230
 PART II. THE CARDIAC ARRHYTHMIAS	
 11. DISTURBANCES IN IMPULSE FORMATION.....	237
The Normal Formation and Conduction of Impulses.....	237
Nervous Control of the Heart Beat.....	238
Classification of Disorders of the Heart Beat.....	238
Sinus Tachycardia.....	239
Sinus Bradycardia.....	240
Sinus Arrhythmia (Phasic Arrhythmia, Juvenile Arrhythmia).....	241
Sinus Arrest and Auricular Standstill.....	242
Ectopic Beats and Ectopic Rhythms.....	243
ESCAPE RHYTHM.....	243
Auriculoventricular (Nodal) Rhythm, 243; Idioventricular Rhythm, 247.	
PREMATURE BEATS.....	248
Mechanism of Premature Beats, 248; The Electrocardiogram in Premature Beats, 250; Etiology of Premature Beats, 253; Symptoms of Premature Beats, 254; Physical Signs and Diagnosis of Premature Beats, 255; Diagnosis, 255; Prognosis, 256; Treatment, 257.	
 12. THE ECTOPIC TACHYCARDIAS.....	260
Auricular Paroxysmal Tachycardia.....	261
Mechanism, 261; The Electrocardiogram, 261; Etiology, 262; Symptoms, 262; Signs, 263; Diagnosis, 264; Prognosis and Course, 264; Treatment of Auricular Tachycardia, 264.	
Auricular Flutter.....	267
Mechanism, 267; The Electrocardiogram, 268; Etiology, 270; Symptoms and Signs, 270; Prognosis, 270; Treatment, 271.	
Auricular Fibrillation.....	271
Mechanism, 271; The Electrocardiogram, 273; Etiology, 274; Symptoms, 275; Signs, 276; Diagnosis, 276; Course and Prognosis, 276; Treatment, 277.	
Ventricular Tachycardia.....	282
Ventricular Fibrillation.....	285
Diagnosis and Differential Diagnosis of Tachycardias.....	288

13. DISTURBANCES IN CONDUCTION: HEART BLOCK AND BUNDLE BRANCH BLOCK.....	293
Sinoauricular Block.....	293
Auriculoventricular Block.....	295
Mechanism, 295; The Electrocardiogram, 296; Etiology and Pathology, 299; Clinical Features, 301; Diagnosis, 303; Prognosis, 304; Treatment, 304.	
Bundle Branch Block.....	306
The Electrocardiogram, 306; Etiology and Pathology, 312; Clinical Features and Diagnosis, 313; Course and Prognosis, 313; Treatment, 313.	
Short P-R Interval with Wide QRS (Wolff-Parkinson-White Syndrome) .....	314
 PART III. THE CORONARY CIRCULATION AND DISTURBANCES IN CARDIAC BLOOD SUPPLY	
14. THE CORONARY CIRCULATION.....	321
The Blood Supply to the Heart, 321; Myocardial Capillaries, 321; The Cardiac Venous Return, 322; Coronary Anastomoses and Collateral Circulation, 322.	
Coronary Blood Flow and Its Control.....	323
Cardiac Output and Coronary Blood Flow, 323; Mechanical Factors Controlling Coronary Circulation, 324; Nervous Control of the Coronary Circulation, 325; Chemical Control of Coronary Circulation. Effect of Ischemia, 326; Effect of Drugs on the Coronary Circulation, 326.	
15. VARIETIES OF CORONARY ARTERY DISEASE.....	329
Other Infections.....	329
Periarteritis Nodosa (Necrotizing Arteritis).....	330
Coronary Embolism.....	331
Coronary Aneurysms.....	333
Thromboangiitis Obliterans.....	333
Medial Calcification of the Coronary Arteries.....	334
16. CORONARY ARTERIOSCLEROSIS; ARTERIOSCLEROTIC HEART DISEASE...	336
Incidence of Arteriosclerotic Heart Disease.....	336
Etiology of Arteriosclerotic Heart Disease.....	337
Definition and Classification of Arteriosclerosis.....	337
Pathogenesis of Arteriosclerosis.....	338
AGING THEORY .....	338
METABOLIC THEORY.....	339
Pathology and Chemistry, 340; Experimental Atherosclerosis 340; Atherosclerosis and Hypercholesterolemia, 341; Atherosclerosis and Diet, 342.	

MECHANICAL FACTORS IN ATHEROSCLEROSIS . . . . .	342
ENDOCRINE FACTORS . . . . .	343
Pathology of Coronary Arteriosclerosis . . . . .	343
Pathologic Physiology . . . . .	345
Clinical Features . . . . .	346
Diagnosis of Arteriosclerotic Heart Disease . . . . .	348
Prognosis . . . . .	350
Treatment . . . . .	350
 17. ANGINA PECTORIS: CLINICAL FEATURES, ETIOLOGY AND PATHOGENESIS . . . . .	353
Characteristics of the Pain of Angina Pectoris . . . . .	353
Other Symptoms and Signs . . . . .	356
Physical Signs, 356; The Electrocardiogram, 356.	
Etiology and Pathology . . . . .	357
PRECIPITATING CAUSES OF ANGINA PECTORIS . . . . .	357
UNDERLYING CAUSES OF ANGINA PECTORIS . . . . .	360
CONTRIBUTING FACTORS . . . . .	362
PREDISPOSING FACTORS . . . . .	364
Pathogenesis . . . . .	365
Coronary Insufficiency, 365; Pathologic Basis of Coronary Insufficiency and Angina Pectoris, 367.	
THEORIES OF ANGINA PECTORIS . . . . .	368
SITE OF ORIGIN AND CAUSE OF PAIN . . . . .	371
NERVOUS PATHWAY OF PAIN IN ANGINA PECTORIS . . . . .	371
THE PHYSIOLOGIC BASIS FOR THE PERCEPTION AND RADIATION OF ANGINAL PAIN . . . . .	372
ANGINA PECTORIS AND CONGESTIVE HEART FAILURE . . . . .	373
Angina Pectoris and Acute Coronary Occlusion, 374.	
 18. ANGINA PECTORIS: DIAGNOSIS, DIFFERENTIAL DIAGNOSIS, PROGNOSIS AND TREATMENT . . . . .	378
Diagnosis . . . . .	378
THE CLINICAL HISTORY . . . . .	378
OBJECTIVE EVIDENCES OF CARDIAC DISEASE . . . . .	379
TESTS OF CORONARY RESERVE AND CORONARY INSUFFICIENCY . . . . .	379
Anoxemia Test (Hypoxemia Test), 380; Exercise Test of Coronary Reserve, 381; Epinephrine and Other Tests of Coronary Reserve, 382.	
Differential Diagnosis . . . . .	382
Diseases Simulating Angina Pectoris, 383; Relation of the Pain to Exertion, 383; Character and Location of the Pain, 383; Differentiation of Local Lesions of the Chest Wall by Physical Examination, 384; Roentgenologic Differentiation of Biliary, Gastrointestinal, Aortic, Pulmonary and Skeletal Disease, 384; Differentiation of Angina Pectoris from Pain Due to Skeletal Lesions, 385.	

Prognosis.....	386
Treatment.....	388
Management of the Underlying Disease, 388; Treatment and Elimination of Contributing Factors, 389; Avoidance of Precipitating Factors, 389.	
GENERAL MANAGEMENT.....	390
DRUG THERAPY.....	392
Nitrites, 392; Xanthines, 393; Sedatives, 395; Other Drugs, 395.	
PARAVERTEBRAL ALCOHOL INJECTIONS.....	396
SURGICAL TREATMENT OF ANGINA PECTORIS.....	398
 19. ACUTE CORONARY OCCLUSION AND MYOCARDIAL INFARCTION: ETIOLOGY, PATHOLOGIC PHYSIOLOGY AND PATHOLOGY.....	401
Coronary Insufficiency and Coronary Failure, 402; Frequency and Importance of Acute Coronary Thrombosis, 402; The Increased Incidence of Coronary Thrombosis, 402.	
Etiology of Acute Coronary Occlusion.....	403
UNDERLYING CAUSES.....	403
CONTRIBUTORY AND PREDISPOSING FACTORS.....	404
PRECIPITATING FACTORS.....	407
Pathologic Physiology.....	410
Effect of Experimental Acute Coronary Artery Ligation, 410; Experimental Chronic Coronary Artery Ligation, 413; Factors Determining the Occurrence of Infarcts after Acute Coronary Occlusion, 413.	
Pathology of Arteriosclerotic Coronary Artery Occlusion and Cardiac Infarction.....	415
Size of the Heart after Cardiac Infarction.....	420
Recent Myocardial Infarction without Acute Coronary Occlusion.....	422
 20. ACUTE CORONARY OCCLUSION AND MYOCARDIAL INFARCTION: CLINICAL FEATURES.....	425
Symptomatology.....	425
PREMONITORY SYMPTOMS.....	425
CLINICAL PICTURE OF ACUTE MYOCARDIAL INFARCTION.....	426
Cases Dominated by Pain, 426; Cases Dominated by Evidence of Shock, 429; Cases Dominated by Acute Left Ventricular Failure, 431; Cases Dominated by Manifesta- tions of Right-Sided Heart Failure, 432; Cases Dominated by Complications, 432.	
ASSOCIATED AND MINOR SYMPTOMS.....	433
Objective Manifestations of Acute Myocardial Infarction.....	434
GENERAL APPEARANCE AND BEHAVIOR.....	434
THE HEART.....	436

THE PULSE.....	437
THE BLOOD PRESSURE.....	437
FEVER.....	438
LEUKOCYTOSIS.....	439
INCREASED SEDIMENTATION RATE.....	439
OTHER LABORATORY FINDINGS.....	440
ROENTGENOLOGIC FINDINGS.....	441
ELECTROCARDIOGRAPHIC CHANGES.....	442
Factors Limiting Electrocardiographic Diagnosis, 442; Typical Electrocardiographic Patterns in Standard Leads, 443; Theoretical Basis of Electrocardiographic Changes in Acute Myocardial Infarction, 443; RST Deviations, 444; T Wave Changes, 444; Q Waves, 444; Anterior Wall Infarction ( $Q_1-T_1$ Pattern), 445; Lateral Wall Infarction, 449; Posterior Wall Infarction ( $Q_3-T_3$ Pattern), 450; Combined Anterior and Posterior Infarction, 450; Acute Myocardial Infarction with Bundle Branch Block, 450; Less Specific Electrocardiographic Changes, 451.	
CARDIAC ARRHYTHMIAS IN ACUTE MYOCARDIAL INFARCTION.....	452
Complications and Causes of Death.....	454
Embolization, 454; Bronchopneumonia, 456; Rupture of the Heart, 456; Rupture of the Interventricular Septum, 457; Sudden Death, 457; Aneurysm of the Left Ventricle, 458; Periarthritis of the Shoulder and Other Skeletal Lesions, 460.	
Infarction of the Atria.....	461
 21. ACUTE CORONARY OCCLUSION AND MYOCARDIAL INFARCTION: DIAGNOSIS, DIFFERENTIAL DIAGNOSIS, PROGNOSIS AND TREATMENT.....	466
Diagnosis of Acute Myocardial Infarction.....	466
ELECTROCARDIOGRAPHIC DIAGNOSIS.....	468
Differential Diagnosis.....	469
ANGINA PECTORIS.....	470
DISEASES OF THE CHEST.....	471
ABDOMINAL CONDITIONS RESEMBLING CARDIAC INFARCTION.....	475
Prognosis.....	475
MORTALITY RATE OF THE ACUTE ATTACK.....	475
FACTORS INFLUENCING PROGNOSIS.....	476
PROGNOSIS AFTER RECOVERY FROM THE ACUTE ATTACK.....	478
RESIDUAL SYMPTOMS AND REHABILITATION.....	478
SUBSEQUENT ATTACKS OF CARDIAC INFARCTION.....	480
Treatment of Acute Cardiac Infarction.....	480
TREATMENT OF THE ACUTE ATTACK—GENERAL SURVEY.....	480
SYMPTOMATIC TREATMENT.....	481
Pain, 481; Shock, 481; Acute Left Ventricular Failure, 482.	