



IN THE

# COUNTRY

OF

# HEARTS

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JOURNEYS IN THE  
ART OF MEDICINE

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JOHN STONE

# IN THE COUNTRY OF HEARTS



*Journeys in the Art of Medicine*

JOHN STONE



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*Also by John Stone*

THE SMELL OF MATCHES (poetry)

IN ALL THIS RAIN (poetry)

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...

CARING FOR THE PATIENT: Readings in Medicine (co-editor  
with Richard Reynolds)

for Lu, for Johnny, for Jim  
three necessary hearts

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—John Stone



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IN THE COUNTRY OF HEARTS





## Introduction



Each of us is born with two hearts. One is the literal heart, the fist-sized pumping one that looms like a ghost on the chest X ray. The other heart is a metaphorical one, one that pumps no blood at all. More about the metaphorical heart presently, except to say that I encountered it early on—everyone does—long before I studied cardiology.

The literal heart is, of course, a pump, commissioned to its Sisyphean labor in the embryo, where its beat begins as a microscopic nudge, then a ripple. Thereafter, the heart is obliged, by only partly understood laws, to sing for its lifelong supper. Onerous duty it may be, but the heart seems to revel in it, thumping tirelessly, one of the happy things that go bump in the night. Its work places each of us in its debt, though it's easy not to think about the heart unless trouble arises.

But the heart is not simply a mechanical pump of pressure heads, resistances, ergs and dynes, like the one that pumps water fitfully to the top of my mountain at Cherry Log, Georgia. No—though it *is* all that and more. For one thing, the heart is more dependable than the pump at

Cherry Log: it provides three billion heartbeats for the average person in a lifetime—and even that huge number, as we live longer, continues to spiral upward in a kind of benevolent cardiac inflation. All of this cardiac work is bequeathed to us as human beings, with no down-time, no lubrication, no oil changes required. Moreover, the heart as a pump is more interesting than the one that provides my shower at Cherry Log. The heart, after all, is not merely a contraption of steel, pistons, and gauges, but is an intricate universe of muscle and valves, arteries and veins, plus a sophisticated electrical system that surpasses the circuitry of the *Voyager* spaceship, if only in terms of durability and steadfastness.

One of the reasons I chose cardiology as a career is that way back, before medical school, cardiology seemed instinctively to make sense to me—sense in ways that endocrinology or nephrology or gastroenterology did not. Moreover (though I denied it was a factor at the time), I had a strong personal motivation to study the heart: My own father died of a heart attack when he was only forty-five-years old. I was then a senior in high school. Years later, at my request, the physician who cared for my father showed me his last EKG, the one taken just before his death. By then I knew what to look for, the squiggles of that EKG pointing clearly to the culprit clot in the coronary artery. Trying to do something about such a senseless and premature loss seemed a good way to spend a life. Certainly I could think of no better at the time; even now, I'd be hard-pressed to do so.

It may be that medicine was in my genes, though my father was not a physician. After college, during the Depression, he rose from a first job as packer on the conveyor line to become production supervisor for a large glass bottle company, Knox Glass. He would have made a good physician, though. Once, at the glass factory, a fellow worker was injured in an accident; his neck had been slashed and he was bleeding heavily. My father knelt by the injured

man there amid the machinery roar, next to the hellfire of the huge furnace (with its lava of molten glass), and coolly applied pressure over the man's neck, stopping the bleeding until help arrived. My father had, in abundance, one of the most important prerequisites for medicine: He liked people. So did his father (my grandfather), who was a general practitioner in northeast Mississippi for more than fifty years. His practice included house calls with horse and buggy; his usual fees ranged from barter to fifty cents to two dollars. He was an inveterate and humorous storyteller (and letter writer). I remember well his doctor's bag full of mysteries, and the wondrous antiseptic smell that swept with him into the room. In his office (across the road from his house), on one shelf, he kept, preserved in a bottle, the body of a small stillborn child; once, in a poem, I wondered, "What magic did he use it for?" I wish I knew his answer. Finally, one of my father's brothers has been a busy family practitioner for decades in a town in Mississippi not far from where all the Stones grew up. When I was in my teens, and an avid reader, people often remarked to me that Uncle Orville had also liked to read when he was my age; some even wondered aloud whether I, too, was considering medicine. I was, I was.

In the decades since my father's death, there has been a revolution in cardiac care. Increasingly, medicine is able to *do* something about heart disease. The milestones include the heart-lung machine; artificial heart valves and pace-makers; the defibrillator (which, had it been available, might well have reversed my father's terminal cardiac rhythm); cardiac transplantation; balloon angioplasty and bypass grafts for the coronary arteries; a whirlwind of new drugs and diagnostic tools. Still, heart disease continues as the leading cause of death in the United States. The treatment of patients with heart disease, therefore, remains humbling. That fact will be clear as the various advances in cardiology take on human shapes, triumphant and sobering, within this book.

Virgil, in *The Aeneid*, observed, "Here are the tears of things; mortality touches the heart." For a cardiologist, that is close to the truth of the matter. Though each of us lives with death *potentially* just around the corner (a random accident on a busy expressway, for example), most of us manage to repress the idea of our own mortality for months or years at a time. For the cardiologist (and the poet), this is not possible: he feels the weight of mortality daily, not only in his bones, but in their marrow. This awareness comes, in part, because cardiac death may occur so suddenly, in a cataclysm, like a "terrible, swift sword." For the heart, symbol of life, is also the final common pathway along which death must stride. I addressed this subject once in a poem:

Death

I have seen        come on  
slowly as rust  
sand

or suddenly        as when  
someone leaving  
a room

finds the doorknob  
come loose in his hand

That sensation of finality, of helplessness, the feeling of the cool doorknob against the living palm is something cardiologists must learn to expect—and work to forestall. Our job, often enough, is to try to make come true—at least for a while—John Donne's hope (or prediction): "Death, thou shalt die!"

An allied part of the cardiologist's job, though, is to know when to *stop* trying. It is this part of the job (which all physicians and all patients share) that requires the greatest skill, in a sense. For once one has learned *what* to do and *how* to do it, the main question is *whether* to do it—we must

learn to better gauge, for any given intervention, what the human return is likely to be; to recognize that moment when the technology available, dazzling as it is, is simply not enough, when the pain of maintaining life is worse than the pain of letting go.

More than 350 years ago, the English physician William Harvey labored to make sense of the circulation. Of his work, he wrote, "I found the task so truly arduous, so full of difficulties, that I was almost tempted to think . . . that the motion of the heart was only to be comprehended by God." But Harvey persevered. In his master work, *De Motu Cordis*, he described his observations and explained the circle of the circulation for us all. Other scientists had nibbled away at the mysteries of the circulation, but it was William Harvey who "convinced the world," as William Osler phrased it. All physicians today, to some degree, are indebted to William Harvey for his translation of what he'd seen during his long sojourn in the country of hearts. And all physicians must aspire to the excellence of Harvey's translation. For *translation*, "a carrying across," is one activity that is sorely needed in medicine today. Communication between human beings is, and has always been, difficult; but the language of medicine, increasingly arcane and technologically based, must be translated into the common language of us all. We must try to speak together.

To this point, I have only mentioned that fraternal twin of the literal heart, the metaphorical heart. I am speaking now of the heart as a synonym for sensibility, sensitivity, as the seat of the emotions, if you will—the heart about which Pascal wrote, "The heart has its reasons which reason knows nothing of." *That* heart. All fully rational people presume that our emotions spring from the electrical and biochemical corridors of the *brain*; but for many writers (incurable as they are) and cardiologists, this proposition is difficult to accept. Was it not William Faulkner who said that the writer must leave "no room in his workshop for anything but the old verities and truths of the heart . . .



love and honor and pity and pride and compassion and sacrifice”? Hence, the metaphorical heart.

If, as Carson McCullers surmised, “the heart is a lonely hunter,” it is also a wondrous storyteller. Physicians, among others, are privileged to hear these compelling tales. It is a kind of short story, after all, that brings a person to the physician in the first place; then, over time, the chapters of that person’s life shape themselves into as idiosyncratic a novel as ever was written. Within that novel, the physician can become an important character as he helps his patients cope with their hearts through illnesses short and long, through childbirth and infections, through cardiac surgery, as they triumph and as they falter. I feel fortunate to have played a role in some of these human stories, despite the setbacks that come, inevitably, with living and working in the various universes of the heart.

The heart, then, is infinitely more than a powerful engine, a perpetual-motion machine, a mail carrier on its appointed rounds. The literal heart is at the very center of our lives: without it, we would all be dead. But the metaphorical heart tempers the literal one and adds an extra dimension. Without a metaphorical heart, we’d all be in the position of the Tin Man in *The Wizard of Oz*. The cutout heart that so thrilled the Tin Man is precisely what we would all miss tomorrow morning if we woke up without our metaphorical pumps. And that might be worse than being dead.

Recently I came across two photographs that were taken while I was in medical school. One, in anatomy lab, catches me standing by the side of an articulated skeleton; both of us are smiling broadly while I study the bones of his forearm. The second photo, two years later, shows me bent over the bed of a patient, listening intently to his heart. (Aural memory is wondrous: to this day, I can remember clearly that man’s labored and abnormal heart sounds.) The young man in that second photo was already intensely interested in matters cardiac. In the decades since that photograph, that