

the left side of the heart fails to pump along all the blood it receives from the right side via the lungs.

A feeling of tightness or pain in the chest directly related to exertion or excitement — There are many other reasons for discomfort in the chest besides a troubled heart. The cavity of the chest and the upper part of the abdomen, which is separated from the chest by only a thin sheet of muscle, are packed tightly with organs. Any extra pressure — for example, gas in the stomach or intestine — may give rise to pain in the chest although the heart is completely well. But if you have any doubt at all about the reason for your discomfort, play safe and see your doctor.

Swelling of the feet and ankles — When the circulation is slowed because the heart fails to pump with its customary vigor, fluid may gather in the tissues and cause swelling, which is usually first noticed in the feet and ankles. Before this condition was understood, it was called dropsy.

Unusual fatigue — If you often feel very tired even when you haven't been unusually active, it may be a sign that you have high blood pressure or an impaired heart.

But what about skipped beats, rapid beatings, palpitations of the heart (consciousness of the heartbeat)? Aren't they symptoms of heart disease? Usually they are not, for, curiously enough, the heart can behave queerly and alarmingly without there being anything wrong with it. If you feel that your heart is not behaving normally, of course you'll want to see a doctor; but after he examines you, if he tells you that there is nothing wrong, *believe him!*

THE HEART-BLOOD VESSEL EXAMINATION

Is there anything you can do to prevent heart disease? The American Heart Association says, "Some forms of heart disease can be prevented . . . a few can be cured. *All heart cases can be cared for best if diagnosed early.*"

Early diagnosis is possible, of course, only if you report faithfully year after year at your doctor's office for a check-up and if you consult him in between times at the appearance of any symptoms.

If you tell your doctor you are worried about your heart or your blood pressure, the first thing he will do is ask you to describe your symptoms. Symptoms are indications of trouble which only you can feel. As they give your doctor important information about you, it is essential that you describe them accurately. He will then proceed to look for signs of trouble — things which he himself can detect with the help of various instruments and tests.

Your physician will measure the amount of pressure exerted by your blood against an arterial wall at the peak of the heartbeat (systole) and at the pause between beats (diastole). A series of such readings will give him valuable information about your blood pressure, but if your pressure is high, he will also need to have information about your arteries. What is the condition of the arteries? Any hardening? How much pressure can they stand?

The small blood vessels at the back of the eyes can be seen easily. Your doctor will examine them with an instrument called an ophthalmoscope and thus learn something about the condition of the important small blood vessels. From an analysis of your urine (urinalysis), and perhaps by other tests of kidney function, he will gain valuable information about the condition of your kidneys. This knowledge is important, because high blood pressure or hypertension is sometimes associated with kidney disease.

Usually the physician first feels (palpates) and taps (percusses) the cardiac region of the chest to determine the position, size, and shape of your heart. In addition, he may ask you to stand behind the screen of a fluoroscope while he studies the shadow of your heart cast by X-rays on the screen. To have a permanent record for further study, he may also have an X-ray picture taken.

By listening to the sounds made by your heart in action through a stethoscope, which magnifies them, the doctor

HOW'S YOUR BLOOD PRESSURE?

HOW'S YOUR HEART?