

is able to hear "murmurs" or sounds indicating other deviations from normal. Heart murmurs are abnormal sounds which may or may not indicate that something is wrong with the heart. A great many murmurs have little or no importance. Others may indicate that damage has been done to the valves or heart muscle as a result of rheumatic fever or some other condition.

Your physician may also have an electrocardiogram made. This is a written record of the electrical activity which sweeps down and over your heart at each heart-beat. The sensitive apparatus that does the writing at the dictation of the heart is called an electrocardiograph. A physician can tell whether the wave patterns recorded in an electrocardiogram are normal or abnormal, and so gain additional evidence about the condition and action of your heart muscle.

There are many other methods of examining the heart which your doctor will use if he thinks it necessary. He'll probably want to determine how well your heart functions by seeing how it behaves in various forms of physical exercise. Testing the extent and speed with which the red cells of the blood settle when a sample of blood is allowed to stand in a tube (sedimentation test) is a valuable aid in studying rheumatic fever.

The development of new techniques for accurate diagnosis increases the importance of your annual checkup. Be sure to make it a yearly "must."

Recently two new diagnostic techniques have been used with considerable success where special studies are needed. One of these is a method of injecting, into the veins of the arms, an opaque material. Its progress through the heart can be followed by X-rays and thus malformations of the heart can be more easily detected.

The other is a technique (cardiac catheterization) for testing the amount of oxygen in the blood and the pressure of the blood in the chambers of the heart and vessels.

If your doctor finds that you have any form of heart trouble, he will tell you so. Sometimes when people are told that they have heart trouble, they begin to blame themselves. They think if only they had not exercised so much, or eaten so much, or smoked so much. They are wrong in feeling this way, for doctors today believe that although such overindulgences are harmful after the heart is diseased, they rarely bring on injury to the heart.

Your doctor has at his command many potent drugs and new surgical techniques, but even more important than what he can do for you is what you can do for yourself. So instead of blaming yourself or despairing, you will want to work out with him a new living plan and then follow it.

The object of the way of living your doctor will recommend will be the lifting of all removable burdens — for example, those imposed by fatigue, overweight, infections, and emotional upsets.

Exercise — You will want to avoid very strenuous or prolonged exertion, because it puts an extra strain on a damaged heart. But if you have high blood pressure, mild exercise will probably be prescribed, because after mild physical activity, the blood pressure tends to fall.

Your doctor will prescribe in some detail the amount of exercise you can or should take, and he'll give you some general rules to follow, such as: Get as much sleep or rest as you can; don't run or walk too fast; don't walk against a high wind; don't climb stairs unnecessarily (when you do have to mount stairs, do it slowly and rest now and then). The American Heart Association has prepared material to help housewives with heart disease simplify their work. (Ask your doctor or local heart association for it.) But you are the one who must abide by the rules, and you are the one who, in taking exercise, must exercise judgment as well.