

DOES YOUR HEART MISBEHAVE?

THERE is something about the words "heart disease" that clouds the mind with terror. Angina pectoris, coronary thrombosis, arterio-sclerosis—these are words freighted with destiny. And if one of them has been pronounced over you, you are likely to walk in fear. There are pain and shortness of breath and other disturbing symptoms to serve as warning. There are your friends, too, and your families, to look upon you as one set apart.

But carry on! Many like you, who have labored under this fear, have gone on after proper treatment, to live normal and active lives for years.

Consider the case of two young men who, in their early manhood, developed heart trouble after rheumatic fever. The leading German scientist of the day gave them two years to live. Each lived over forty years longer. One was active in business throughout those years. The other became an eminent medical scientist and spent his summers in the gentle diversion of climbing the Presidential Range in New Hampshire, in excavating in the blazing sun and devastating heat of an Arizona summer and becoming an

authority on the Cliff Dwellers. Both men were seventy when they died.

Another heart sufferer became the greatest oarsman America ever produced and died at the age of seventy-six, after burying the last of a string of gentlemen who had refused him life insurance. Another, taken ill about twenty years ago with coronary thrombosis, is active at present and has had a useful, comfortable life. Yet both clinical and electrocardiographic examination showed him to have coronary thrombosis.

Three children between the ages of eight and fifteen had developed a heart ailment following rheumatic fever. With excellent care all regained their health and the abnormal heart conditions disappeared. All, now thirty years of age and over, are active and busy. Often, too, when heart murmurs carry over from childhood into adult life, those affected live as fully as entirely healthy persons.

Of course all these had proper treatment for their primary rheumatic disease and proper after-treatment—rest, diet, a warm climate, such as is effective in the treatment of tuber-

culosis. And they were not allowed to resume active life until their hearts had recovered from the rheumatic infection.

But the outlook for the heart sufferer is even better today than it was when these cases developed. The private practitioner is infinitely better equipped than formerly, and heart clinics perform a great service to humanity.

Forty years ago angina pectoris occurred so infrequently that it was not considered a part of ward practise in hospitals. Now each week several cases are admitted to the wards. Many physicians believe that this increase is due to the machine age, in which physical activity is greatly diminished. In remote areas where men still work with brawn and sinew this increase in heart ailments has not occurred. The city worker, who sits all day in an office, who eats and drinks too much and takes little if any exercise, is more likely to suffer from arterio-sclerotic heart disease. Generally speaking, arterio-sclerosis (abnormal thickening and hardening of the arteries) is the cause of heart disorders in the middle-aged or elderly adult.

Many who have had heart attacks, "coronary episodes" of varying severity, have after

proper treatment and rest pursued lives of activity and usefulness. Many physicians carrying on today have previously had to lay up for a coronary thrombosis. Often, too, doctors discover electrocardiographic evidence of severe coronary accidents in persons entirely unaware that they have ever had a heart-attack.

Perhaps the worst handicap cardiac sufferers have is the mournful sympathy of well-meaning but ill-advised friends. There ought to be some way of teaching people how to behave with friends who have heart trouble. But since there seems to be none, just pay no attention to crepehangers.

Be guided by what your doctor tells you. If you haven't a physician, consult the proper bureau at the Academy of Medicine, or any hospital or clinic. And remember that overweight, overeating, and lack of physical exercise are menacing enemies to the middle-aged and elderly.

And don't subside into a handicapped existence, incapacitated from all that gives life, color, and meaning. Don't curl up in abject discouragement. Others have recovered, and so can you!

Carry on!—Adapted from the "Highways to Health" program, Columbia Broadcasting System.

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