Auscultation of the heart. A cardiophonetic approach

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McGraw-Hill Book Company, Suite 2310, One Hung To Road, Kwun Tong, Kowloon, Hong Kong
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The stethoscope has become the emblem of those involved in clinical medicine. Worn proudly and often slung around the neck by medical students and young doctors, the stethoscope signifies to the world that we are practising doctors. It is ironic therefore that this tool is poorly used and the skills involved in auscultating the heart have atrophied in the realms of general medicine. Reaching for an echocardiogram request form has substituted for a sound physical examination and auscultation. However, the limitations of echocardiography are rarely appreciated and, although it is a wonderful technique that contributes greatly to patient management, echocardiograms can on occasion be misleading. Experienced cardiologists will still revert to taking a history and performing a physical examination, especially assessing the left and right ventricular impulses to decide on the severity of valvular disease. The reason is that Doppler echocardiography studies can frequently underestimate the severity of regurgitation. Symptoms are often a more sensitive marker of the degree of cardiac impairment than many pseudo-measurements, which are often based on multiple assumptions and which are frequently wildly inaccurate. *Auscultation of the Heart. A Cardiophonetic Approach*, by Dr TAD Michael, tries to address this balance and, as Dr HSJ Swan states in the forward, "the art of clinical assessment of cardiac patients is alive, but in need of resuscitation".

Following a logical sequence from the introductory paragraphs on the principals of sound and the use of various types of stethoscopes, the book proceeds to the basis of routine auscultation and puts emphasis on the use of positions. Dynamic auscultation using techniques such as the Valsalva manoeuvre or clenched fist are often useful, especially in differentiating the murmurs due to mitral valve prolapse from those due to hypertrophic cardiomyopathy. There is, however, a lot of unnecessary detail, as the pathophysiology of many cardiac conditions is reiterated. For example, chapters on the cause of chest pain, shock, and vascular emergencies are probably unnecessary. A number of interesting clinical vignettes illustrate a variety of clinical situations and contain true or false questions that should be fun for students.

The section describing the cardiophonetics approach is one that some will find helpful and others rather too elaborate. Personally, I think that converting sounds into mathematical notation is not that helpful and it is easier to consider murmurs like music. Once a murmur has been heard, it can be memorised in the same way as memorising a tune, which would be instantly recognisable when heard subsequently. Computer-assisted learning can be helpful, but there is no substitute for listening to a murmur in a real patient and memorising the sound and, in particular, its timing in relation to the first and second heart sounds.

Overall, this book is a useful addition to the literature; it emphasises the importance of the traditional clinical skills, which not only can improve patient care, but can also frequently save patients from unnecessary investigations and procedures.

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Correction

In the review of the book *Manual on Assisted Reproduction* in the March 1999 issue of the ***Hong Kong Medical Journal*** (HKMJ 1999;5:103), the price quoted should have been HK$1035. In addition, the address of the publishers of the book should have been: Springer-Verlag Hong Kong Ltd., 1702 Tower I, Enterprise Square, 9 Sheung Yuet Road, Kowloon Bay, Kowloon, Hong Kong.