Fig. 1 W. Proctor Harvey, master clinician-teacher.
(Photo courtesy of W. Proctor Harvey, MD.)
**W. Proctor Harvey**

A Master Clinician-Teacher’s Influence on the History of Cardiovascular Medicine

Medicine has become driven by research and technology, both of which have yielded indisputable benefits. Yet we are now so dependent upon such advancements that many practitioners have lost the basic clinical skills that enable bedside diagnosis.

In the 2nd half of the 20th century, W. Proctor Harvey helped to keep alive the classic art of medicine. *(Tex Heart Inst J 2002;29:182-92)*

As a society, we have grown to emphasize those contributions to medicine that are tangible and measurable, which tends to reward individuals who have discovered or invented something “new.” This story, however, concerns a man, W. Proctor Harvey (Fig. 1), who has dedicated his life to the teaching and refinement of the art of clinical cardiology.¹

**Getting a Start**

*I was across town at the Massachusetts General Hospital when he was at the Brigham. The messages were already clear. He was going to be a leader.*²

— J. Willis Hurst, MD

Proctor Harvey’s decision to pursue cardiology began as he completed his internship at Harvard’s Peter Bent Brigham Hospital in Boston, where he met the legendary cardiologist Samuel A. Levine (Fig. 2). Indeed, it was Levine who inspired Harvey to pursue a fellowship in cardiology after Harvey completed his internship and took a hiatus as a medical officer during World War II. Harvey began his training as the 1st fellow in cardiology at Brigham Hospital, becoming, as well, Levine’s 1st fellow. According to Dr. Harvey, “Dr. Levine was a great teacher, a wonderful clinician, and, of course, you would try to emulate someone like that. I learned so much from him.”³ Samuel Levine went on to teach a generation of distinguished physicians, but his 1st and perhaps most beloved pupil was recruited to develop another cardiology division and one of the most sought-after fellowship programs in the world.

In 1950, Harold Jeghers, the new chairman of medicine at Georgetown University, was revamping his department and needed someone to head cardiology. On the advice of Charles Rath, a hematologist from the Brigham who had recently joined the Georgetown faculty, Jeghers went to Boston in search of Proctor Harvey.⁴ When Jeghers paid Harvey a visit in the chief resident’s room at the Brigham, he took off his coat, threw his feet up on the desk, and talked about medicine. Harvey had other job prospects at the time, but Jeghers offered him a free hand at Georgetown, and that was highly attractive.⁵ Jeghers was also successful in recruiting Charles Hufnagel to be professor of cardiovascular surgery, with the express intent of having Harvey and Hufnagel work as a team.⁶

At a time when student and faculty morale at the Georgetown University Medical Center was low and funding scarce, Harvey began the formidable task of building Georgetown’s division of cardiology. He quickly developed Georgetown’s heart station, patient clinic, and, with the help of Hufnagel, its cardiac surgery division. Word of the quality of the cardiovascular care spread quickly among patients, and among physicians and other caregivers at area hospitals where Harvey practiced.

Even at this early stage of his career, Harvey understood the importance of passing along the training that he had received from Levine. His ability to teach others,
for which he had been recognized by Georgetown, was fully demonstrated as he created a cardiology fellowship program that emphasized broad training with a strong clinical component. Harvey's original 1-year fellowship program was later expanded to a 3- to 4-year program, tailored to the needs of the fellow: “All I really asked is that the fellows be good doctors and that they be dedicated to the profession with feeling and empathy for their fellow man, be team workers, and above all not be greedy.”

In addition to his establishment of a cardiology fellowship program that has become a model for programs at other teaching hospitals, he began what have become known as his “famous” weekly teaching conferences; these attract physicians from hundreds of miles away.

Georgetown's reputation in cardiology also grew as one of Harvey's patients became the 1st human being to receive a prosthetic valve, a surgery that was performed at Georgetown by Hufnagel:

I remember when we were in surgery and the valve was put in, we could hear “click, click” and I thought to myself, “when they close the chest you won't hear it.” Well, when the chest was closed we could still hear “click, click.” I thought this is going to run this woman crazy. I wrote a note at the foot of the bed that said, “please don't discuss the sound of the valve with the patient.” Five days later I asked her if the sound of the valve bothered her and she thought for a minute and then said: “No. It would bother me if I didn't hear it.”

Throughout the 35 years that Harvey served as chief of Georgetown's division of cardiology, he spread his positive influence. David L. Pearle, a professor in Georgetown's division of cardiology and a former Harvey fellow reflects: “What Proc brought to Georgetown goes so far beyond the cardiology division. He affected the whole school as he was one of the leaders for so long that the humanity and warmth and sense of family he brought is still a part of the institution.”

Uniquely skilled in the art of medicine, unparalleled in his knowledge in the field of cardiology, and celebrated in his teaching skills, Dr. Harvey himself remains one of Georgetown's strongest advertisements.

Caring for Patients

Proctor Harvey is the embodiment of the Hippocratic ideal that “Where there is love of man, there is also love of the art.” John F. Stapleton, a professor of medicine at Georgetown, and Harvey's 2nd fellow, remembers one of many daily events that typify the way in which Dr. Harvey has chosen to live his life:

I was in Washington D.C. and staying with the Harveys. Proc came in late that night, but nevertheless stayed up to visit with me. In the middle of the night I was startled awake by a phone call and within minutes heard the garage door open and the car drive away. The next day I inquired as to what had happened that was so urgent to necessitate leaving in the middle of the night. Dr. Harvey explained that one of his patients who had been very ill had died. “But it wasn't unexpected and the patient had already died. Why did you leave?” I asked. Compassion spoke through his eyes, and the family's pain that he had shared through the night was clear as he stated: “that was when the family needed me the most.”

Family members are not the only fortunate and thankful ones; his patients also sense his extreme gentleness and feel better simply as a result of his presence. A colleague has observed that “when Dr. Harvey has left a room, there is always a feeling that everything is going to be OK; his healing effect is better than any written prescription.”

As a student under Samuel Levine, Harvey noticed that “Before Dr. Levine would lay a patient down in bed after performing a physical exam, he would puff the pillow for him so as to make him more comfortable. That type of caring made an impression on me.” Harvey's own students have noted that in his interactions with frightened and discouraged patients he pauses during the exam to say, “You would be the unusual patient if we could not help you—I want you...
to understand that, . . . ”9 Aware of the impact that words can have, Harvey noted in a teaching video:

When making rounds with students, I use the time in a patient’s room as an opportunity to lift his morale. In front of the patient, as I am feeling the pulse, I will say “Strong . . . Strong . . . Strong.” Later, when I am outside of the patient’s room with the students, I’ll say “Why didn’t I say strong, weak, strong, weak?” It is because the patient would remember the word weak.9

Proctor Harvey speaks frequently of the “Give-Take Ratio,” which refers to his position that one should always try to give more than one receives. Dr. Harvey has the greatest contempt for the doctor who makes financial gain the 1st object of his work. He also has said that “The practice of medicine, as life, is very much what you make of it—to one a worry, a care, to another a daily joy filled with as much happiness in serving others as one could ever have.”*

A self-proclaimed type B personality, Harvey gives the appearance of being the most carefree of individuals, with a gracefully boyish charm. He knows intuitively how to capture the moment and appears never to be bothered by interruptions. His wife, Irma (Fig. 3), and their daughter, Jan, share his giving nature. Mrs. Harvey notes that “Proc never gets upset about anything that isn’t terribly important. . . . It is not in his makeup to worry, and he just doesn’t seem to waste his energy.”7

Harvey has delighted medical students and physicians with such clinical aphorisms as “We must remember that even one death in a hundred is 100% for that patient” and “When asking the patient to hold his breath, as physicians we must do the same so as not to forget.”9 Proctor Harvey has left generations of physicians imprinted with his concept of what is truly important in life. This impact has been exponential, for his pupils have taught others.

Teaching and Inventing

A good teacher has the ability to take the topic that he is discussing and put it in terms so simple that everyone can understand it; he has the ability to sit in the place of those being taught.**

— W. Proctor Harvey, MD

The unprecedented application of technological equipment to the practice of 20th-century medicine has been credited by Harvey not only for its genuine contributions to patient care but for its establishment of auscultation’s validity, by demonstrating the physiologic basis of heart sounds and murmurs.10 However, like children who have rejected a favorite toy in favor of a newer battery-operated device, we have focused our attention on technology at the expense of training in the art of medicine. Dr. Harvey maintains that, amidst these technological advances, one thing has remained constant—patients have continued to experience the same symptoms, thereby presenting with the same findings for the same reasons.11 He continues to maintain that a properly trained clinician can diagnose 90% of patients with cardiovascular problems in his office or at the bedside, often more reliably than with a machine. Harvey goes so far as to say that if the clinical findings show prolapse of the mitral valve, but the echocardiogram fails to show it, “You should state that it is too bad, but the echo missed it.” He emphasizes that “your ears are better than any test and don’t cost the patient a cent.”9

Approaching medicine as a naturalist rather than an experimentalist, Harvey has himself contributed greatly to advancements in the clinical recognition and treatment of heart disease, his basic method being to observe and reason rather than to analyze a single variable under controlled conditions. Through his descriptive observations of nature, use of critical thinking, and constant awareness of clinical findings, he has effectively correlated heart sounds and murmurs with known conditions, elevating cardiovascular diagnosis at the bedside to the level of maturity at which it stands today. Long after it was thought that all findings had been characterized, he discovered and described the significance of the split 2nd sound; face-down auscultation in pericardial effusion; the

*W. Proctor Harvey, MD; personal communication with the author; May 2001.
**W. Proctor Harvey, MD; personal communication with the author; January 2001.
rightward distribution of the murmur of aortic regurgitation; the mitral opening snap; the changing 1st sound of atrial flutter with 4:1 block; the multiple sounds of ventricular tachycardia; and the contour of the aortic ejection murmur.12-16

It was through his intuitive and trained power of observation that he developed “cardiac pearls,” which he defines as facts or findings in the clinical assessment of the patient that either make a diagnosis or provide a clue that leads to diagnosis. He states, “A cardiac pearl has ‘stood the test of time’ and does not change with the passage of time.”9,10,19

Harvey’s ability to teach was first discovered while he was still at the Peter Bent Brigham Hospital in Boston, where he was asked by a group of Harvard students to make rounds with them:

I said, “Yes,” and I took along with me a little amplifying instrument, used mainly for people who were hard of hearing. When I got to the patient’s room, I set up an arrangement whereby about ten students could listen simultaneously to the patient’s heart. There was an immediate positive reaction.3

Word quickly spread of his lessons, and bands of students, many commuting from outside hospitals, began to accompany him on rounds. This was the beginning both of group auscultation as an effective training method and of Harvey’s career as a teacher.

Harvey developed numerous techniques to impart knowledge to his students. One example of this is the library he created of pathology specimens with corresponding clinical data, which items he calls “text-boxes of medicine.” Another example of his pioneering teaching techniques is his use of music to enhance his students’ ability to detect heart sounds and murmurs in patients. One of the fundamentals of clinical auscultation of the heart is that we learn to listen specifically to the individual components of the heart cycle, concentrating on 1 component at a time. When teaching auscultation to medical students, and also to postgraduates, Harvey often plays a recording of Beethoven’s Symphony No. 9 as the audience comes into the room. When questioned about how many heard a specific instrument, such as a violin, French horn, kettledrum, or piano, most students admit that they were not listening for a particular instrument. The music is played again, and each is asked to listen specifically for a violin or a piano: immediately everyone detects it.4,10,19

He has also enhanced teaching through his ability to impart in his own voice what one hears upon listening to a patient’s heart. Through vocal sounds and tapping his knuckles on a hard surface, he mimics the sounds and murmurs heard in such conditions as atrial septal defect, mitral valve prolapse, aortic regurgitation, and ventricular septal defect. “Detection of varying degrees of splitting still remains difficult for a number of students,” according to Dr. Harvey. “Students that use this simple method have found immediate practical application when listening to heart sounds.”9,10,19 He mimics these cardiac acoustic findings with such mastery that he has often received standing ovations from audiences of students and physicians and has been credited by Robert A. O’Rourke, himself a leader in the field of cardiology and a disciple of Harvey’s, as “responsible for making clinical cardiology an art form.”7

Postgraduate education for practicing physicians is a priority for Proctor Harvey. He began his famous “Georgetown Thursday Night Cardiology Conferences” for this purpose. This conference, which he plans to broadcast live over the Internet, has attracted hundreds of participants each week, many traveling long distances to attend.

In addition to serving as a visiting professor at numerous teaching institutions, Harvey also conducts or teaches at annual cardiac auscultation conferences all over the country, such as the Texas Heart Institute’s annual auscultation session, directed by Robert J. Hall; the Georgetown University student conference; and the Master Teacher Seminar on Cardiac Pearls and its companion auscultation conference (directed by Harvey’s former fellow James A. Ronan, Jr.), both of which are held at Heart House of the American College of Cardiology. Now in its 5th decade, Harvey’s ACC-sponsored Clinical Heart Disease course, held each spring at Georgetown University, is so popular that its organizers have had to turn physicians away from enrollment when they ran out of seats. In response, Harvey recently added a winter course in Fort Lauderdale, Florida, co-directed by one of his former fellows, Michael A. Chizner, and appropriately titled Clinical Heart Disease II. Because physicians often choose to skip scheduled breaks to continue the lesson, it is clear that they attend these conferences to learn.

During any given course, over 300 actual patient demonstrations are typically presented through wireless infrared “stethophones.” The stethophone, an invention that Harvey conceived after students liked his amplification of heart sounds through a hearing device, enables students to hear each heartbeat as it occurs. In the meantime, other physicians can participate in the conference in their own homes, by means of a multimedia self-teaching machine, another Harvey innovation. Although Harvey has worked to improve communication by use of innovative teaching strategies and inventions, he maintains that “nothing will ever replace the patient as your right arm of teaching.” Harvey states:
When I was a medical student, I remember a patient that had liver disease. After rounds, I went to the texts and read all about the condition, noting in the margin: Mr. M has this, Mr. M doesn’t have this. To this day, I still see his face in remembering the findings and treatment of liver disease.*

To be certain that medical professionals do not miss acoustic findings because their stethoscopes are unable to pick them up, he designed the Harvey Double and Triple Head Stethoscopes: the Triple Head includes a 3rd chest piece, the corrugated diaphragm, which provides an amplified overview of the patient’s cardiovascular events (Fig. 4).** As Dr. Chizner has observed, “the art of cardiac auscultation, as we know it today, is virtually synonymous with the name Dr. W. Proctor Harvey.”*** Harvey frequently meets with engineers from the Welch Allyn company, the makers of his stethoscopes, to revise its design in order to improve its delivery of the very lowest frequencies the human ear can detect.

To make a teaching point fun and memorable, Harvey makes frequent use of anecdotes. In 1 such story, he tells of the importance of a good stethoscope as he relates an incident shared with him by the famous physiologist Carl Wiggers:

When he was a student in medical school he could not hear with his stethoscope the heart sounds and murmurs that the other students could. He realized that there was something wrong with his ability to hear. One evening the headlights in his automobile failed and he discovered there was a break in the “Y” tube leading from the acetylene source to the two headlights. He remembered that his old stethoscope was in his car and used its metal “Y” piece to replace the broken part of his automobile light system. It worked! However, when he got home and drove into his garage, he noticed that there was only one light illuminated, not two. The next morning he took his stethoscope “Y” piece to his laboratory for close examination. Yes, you guessed it! One bore of the “Y” piece had never been opened. Dr. Wiggers therefore went through medical school and postgraduate training “on one ear.” I said to Dr. Wiggers as he was leaving: “Dr. Wiggers, it was fortunate for science that this happened; otherwise you might have become a cardiologist.”**

Learning from you the significance of the extra heart sounds provided the seeds that stimulated my later work on the clinical correlates of hyper-

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*W. Proctor Harvey, MD; personal communication with the author; November 2000.
**Michael A. Chizner, MD; personal communication with the author; July 2001.
tensive heart disease. Those findings led to the later relevance of the structural and functional correlates of echocardiographic changes in hypertensive heart disease. Without that early experience, I would not have been able to proceed to the experimental studies on the fundamental changes associated with the development and reversal of left ventricular hypertrophy.6

J. Willis Hurst once said that “a great teacher creates an attitude that continues to live in the minds of those who listen.”21 Perhaps Dr. Harvey’s greatest reward has come in witnessing the success of his students.

Writing and Editing
While still in medical school at Duke University (Fig. 6), Dr. Harvey read Dr. Levine’s textbook Clinical Heart Disease, noting that “It read like a story book.”3, 22 In 1949, he had the opportunity to co-author with Levine Clinical Auscultation of the Heart, which 10 years later came out in a 2nd edition, independently revised by Harvey.31 Emulating the qualities that he recognized in Levine’s text, Harvey developed his own writing style, so that his works, too, read like storybooks. Although Harvey considers writing a chore (“If I don’t put out these books, no one is going to do it”), his innumerable articles, journals, and books24–33 attest to his dedication. He is perhaps best known for the classics, Clinical Auscultation of the Heart and Cardiac Pearls, both of which set the standard for medical education in cardiovascular diagnosis, evaluation, and care.21

In recognition of the importance of his message, numerous educational grants have enabled the distribution of his writings to American medical students and physicians. Roche Pharmaceutical company alone is responsible for distributing 75,000 copies of Clinical Auscultation of the Cardiovascular System, a work that includes 10 high-fidelity audio cassettes of various heart sounds and murmurs, recorded from more than 450 patients, together with a text that describes the compendium of acoustic findings and their significance. Harvey’s voice is heard throughout the cassettes as he sprinkles in his “cardiac pearls.”34

At almost any given time, Harvey has 5 books in the works. One of his current “works in progress” is Clinical Auscultation of the Cardiovascular System II, which he is compiling with his longtime friend and colleague Julius L. Bedyne, Jr., professor of medicine and physiology at Georgetown. The book draws on Harvey’s unparalleled collection of heart sounds and

Fig. 5 “Harvey—the Cardiology Patient Simulator” (named after Dr. W. Proctor Harvey and developed by Dr. Michael S. Gordon).

Fig. 6 Proctor Harvey as a 1st-year medical student at Duke University.
(Photo courtesy of W. Proctor Harvey, MD.)
murmurs, which he has been directly recording from patients for more than 5 decades. Corresponding to each recorded cardiovascular event, in his own handwriting, are his clinical observations and the symptoms of thousands of patients. Consequently, the number of cases presented in Clinical Auscultation of the Cardiovascular System II will be 3 or 4 times the number found in the 1st edition, and the cases will also be appropriately linked with cardiac pearls. Dr. Harvey maintains that “Given the opportunity to listen to, say, 30 cases of mitral valve prolapse, one will never forget the acoustic findings.”

Another of his current projects is the book Clinical Recognition and Treatment of the Common Arrhythmias, which he is co-writing with his colleague Raymond L. Woosley, professor and chairman of the department of pharmacology at Georgetown. The text and its accompanying audio cassettes enable one both to hear the arrhythmias and to learn the treatment options. Although Dr. Harvey retired nearly 20 years ago, he has yet to slow down.

In addition, Harvey has served as editor-in-chief of Current Problems in Cardiology and of the Medical Times, and as co-editor of the Year Book of Cardiology. One cannot help but wonder how he has managed to find time to write and to edit. He says that he never really has time, but that he structures his schedule according to his deepest values. Because his charming and powerful written contributions have compounded his influence on American cardiology, we are fortunate that publication has remained one of his deepest values.

Envisioning the Future

Staying abreast of the latest scientific advancements has made it possible for Dr. Harvey to envision the direction in which the medical profession is heading. Decades ago, he observed:

I think one of the biggest problems now is to get doctors to focus on the patient and on what [doctors] can do themselves, and to become aware of the cost of things. If we don't do this, the government is going to take over the profession and tell us what we can do.3

Mindful that advances in technology can have the unintended effect of becoming an easy substitute for hands-on diagnosis—costing more and even interfering with the healing influence of a physician's attentions—Harvey has stressed his “five-finger” approach. This approach consists, in descending order of diagnostic usefulness, of a careful, detailed history, physical examination, electrocardiogram, chest x-ray, and appropriate laboratory tests (Fig. 7). As Harvey says, “We, of course, need to put all of these fingers together, making a fist,” thereby providing a powerful weapon in the diagnosis of heart disease. For more than 50 years, Harvey has taught that the intelligent use of this valuable and cost-effective process can often provide a solution without the use of expensive, high-tech testing methods. As Harvey predicted, in today's era of high technology and cost-driven managed care, physicians are now being told what they can and cannot do.

In still another respect, Dr. Harvey has been a prophet, as he has espoused a “five-year rule,” which states that 5 years are needed before one can properly judge the efficacy of any new form of treatment. Now that drugs are being routinely taken off the market after the discovery of a serious side effect, or after their effectiveness has been shown to be no better than that of a placebo, his rule of first “watching” a drug or treatment before using it on patients is tailor-made to today's practice of medicine. Because pharmaceutical companies now “sell” new drugs to the general public through the Internet, television commercials, and the print media, patients often request treatments before they have been properly evaluated. Although many patients have an urgent need for a new drug or procedure, Dr. Harvey recommends that, if at all possible, the drug should be carried through this watchful waiting period.20

*W. Proctor Harvey, MD; personal communication with the author; May 2001.
Harvey’s Legacy

I would say the greatest pleasure of my own life is to see people that I have had a part in developing become superb physicians and human beings. . . . When one invests in people, the rewards keep coming back because of their accomplishments.3

— W. Proctor Harvey, MD

In 1978, the American Heart Association, which Harvey had served as president from 1969 to 1970, honored him as a recipient of its James B. Herrick Award, stating:

As physician, teacher, communicator, and medical innovator, Dr. Harvey has contributed outstandingly to the advancement and practice of clinical cardiology.

He has exerted an extraordinary influence on modern cardiological teaching, nurturing generations of medical students and developing and conducting post-graduate training for physicians in practice throughout the United States. . . .

His achievements in research into auscultation and physical assessment of the heart patient and improvements in teaching methods are measurable. Not measurable is the magnitude of his contribution in terms of those whom he has inspired to reach just a bit higher.

Of all the honors and awards he has received for teaching, the honor that Harvey cherishes most is his Harvey Cardiology Society of Georgetown, was to carry on “Proc’s legacy because of their timeless beauty.”45

The only society of its type in cardiology, it has drawn some of the most effective and energetic clinical teachers, and it has become the most prestigious group in a remarkably short period of time. One reviewer noted that:

*W. Proctor Harvey, MD; personal communication with the author; June 2001. This award was originally given by the American Heart Association. In 1998, the Harvey Society set up an additional award through the American College of Cardiology.

A Tribute to the Man

In sum, Dr. Harvey has shown a remarkable ability to form mentoring relationships with his fellows and personal relationships with his peers, hospital staff, and patients. His students and trainees include such prominent cardiologists as Jonathan Abrams, Michael A. Chizner, Antonio C. de Leon, Jr., Gordon A. Ewy, Ross D. Fletcher, Edward D. Frohlich, Julius M. Gardin, Michael S. Gordon, Jeffrey M. Isner, Joel S. Karliner, Donald M. Knowland, Donald F. Leon, James J. Leonard, Keith M. Lindgren, Frank I. Marcus, William P. Nelson, Robert A. O’Rourke, Richard B. Perry, James A. Ronan, Jr., Thomas J. Ryan, Bernard L. Segal, Jack P. Segal, John F. Stapleton, Bruce F. Waller, Richard A. Walsh, and Alan M. Weintraub. Although diverse, this distinguished group of physicians—the Harvey fellows—was uniformly trained in the art of medicine.

These former trainees, who credit Harvey for their success, expressed their gratitude when they created the 2-volume textbook titled Classic Teachings in Clinical Cardiology: A Tribute to W. Proctor Harvey. In 1998, the Harvey Society initiated the American College of Cardiology Young Cardiovascular Teacher Award, designed to recognize outstanding cardiovascular teachers. This award was conceived by Harvey in the late 1960s: “I introduced the idea while serving as president-elect and president of the American Heart Association and was pleased to see it quickly ‘catch on.’ All recipients have excelled, without exception.”
Having just finished co-editing a book with one fourth as many authors and one sixth as many pages as this textbook, I am well qualified to stand in awe of Dr. Chizner’s achievement in convincing so many of America’s premier cardiologists to create, edit, rewrite, polish and refine their many contributions and still finish the volume within a lifetime.38

Of course, neither the editor nor any of the 54 contributors needed convincing. Without royalties, they completed their writings within a year. Within 2 years of the book’s conception, Harvey’s magnetism drew former students and trainees from all over the world to a dinner held in his honor, before the Annual Scientific Sessions of the American Heart Association, where the completed text was presented. Dr. Chizner noted that editing the text was indeed a “special privilege, an honor, and truly a labor of love. Proc has done so much for us as human beings.”* 

*Michael A. Chizner, MD; personal communication with the author; July 2001.

This critically acclaimed text has since been distributed to over 15 thousand cardiologists throughout the United States. Stephen S. Scheidt, senior editor of Cardiovascular Reviews and Reports, observed, “for those of us not privileged to have trained with W. Proctor Harvey, this extraordinary textbook is the next best thing to having been there.”38

Acknowledgments

With sincerest appreciation, I wish to thank Dr. Michael A. Chizner for instilling in me as a college freshman my deeply rooted passion for the practice of medicine and the field of cardiology. Through his caring, humanistic approach to his patients, which he learned from Dr. Harvey and impressed upon me, I learned that I could still practice medicine today in the manner that I had envisioned as a child.

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