Further Section

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Book Reviews


This book initiates a series designated ‘Cardiothoracic Surgery’. Aimed at ‘the busy practitioner’, it presents four parts: ‘Management of Specific Organisms’; ‘Management with Newer Modalities’; ‘Management of Complications’, and ‘Medical and Surgical Management’, presenting largely the experience at Henry Ford Hospital (Detroit, Mich.) from which nearly half of its 34 co-authors are recruited. Although this population covers 40 years in 640 patients, it may be difficult to generalize this experience since the emphasis is heavily on endocarditis in drug addicts. The latter seems to give undue prominence to more or less ‘exotic’ organisms, drug-resistant organisms and unduly recurrent episodes of endocarditis. Yet, the reader learns in depth about this dread disease for agents like pseudomonas, fungi, nutritionally variant streptococci and polymicrobial infections (the latter in a chapter curiously titled ‘Polymicrobial Organisms’). ‘Management with Newer Modalities’ is a collection of five disparate chapters ranging from ‘Penicillin Allergy’ to ‘Home Treatment’, all of which, however, are useful. Part III, ‘Management of Complications’, begins with an excellent chapter on congestive heart failure by Lakier, although the case history with which it begins, in common with much of the book, discusses endocarditis in a drug addict. The other complications include arrhythmia, renal failure, peripheral embolization, mycotic aneurysms, neurologic complications and splenic abscess. Curiously, pericarditis is not included. The final part, ‘Medical and Surgical Management’, includes chapter 25, ‘Annular Destruction’, which does mention pericarditis in passing, although this complication occurs in up to one-third of patients (indeed the authors might have mentioned that the appearance of signs of pericardial involvement, either on auscultation or by echo-graphic or other cardiac imaging, is a clue to bacterial penetration through the aortic or, less commonly, the mitral annulus). Chapter 23, ‘Active Infective Endocarditis of the Native Valve’, is a relatively straightforward, though quite brief, presentation which unaccountably includes in one table four types of prosthetic valves. Yet, the latter are not individually considered in chapters 26 and 27 covering mechanical valve and bioprosthetic valve endocarditis. All 27 chapters are relatively short with even less text in those with illustrations, and frequent tables. They have the advantage of a common format: case history, clinical experience, discussion, references.

It is difficult to give an overall evaluation of this book except that it is replete with factual information, some of which may be strictly applicable to the kind of population seen at the Henry Ford Hospital. This includes some surprising ‘ancillary’ data: the 100-day hospitalization of a non-addict patient with endocarditis of a native valve costs US$190,339.00 including surgical management. In contrast, the average cost in Henry Ford Hospital (professional fees included) was US$ 41,192.00 for nonaddicts and US$ 42,030.00...
for addicts – but one-third of the addicts can be expected to return because of repeated drug abuse.

Techniques in cardiovascular surgery are rapidly changing, a fact that is reflected in Operative Surgery: Cardiac Surgery. Although the book is a very thorough review, some of the chapters are already becoming obsolete. Indications for the use of mechanical and bioprostheses in aortic valve replacement have changed as new data has been accumulated and as better techniques for valvular implantation have been found.

Book Reviews
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Dr. Stuart Jamieson and Dr. Norman Shumway have done an excellent job organizing and editing this comprehensive volume. Beginning with ‘The Assessment of Cardiac Disease’ and ending with ‘Reoperation’, Cardiac Surgery covers the gamut of knowledge needed by the cardiac surgeon. The book is organized into three main sections: Introductory, including such topics as anesthesia, cardiopulmonary bypass, myocardial protection, and postoperative care; Pediatric Cardiac Surgery; and Adult Cardiac Surgery. The chapters in Cardiac Surgery are liberally illustrated. The illustrator, Barbara Hyams, who helped illustrate 2 of my books, is to be complimented for her excellent work. Cardiac Surgery, a comprehensive ‘how to do it’ book by leading authorities in each subject, should serve as a useful reference for cardiac surgeons, cardiologists and others. Although the book deals with a field that is still changing, much of what is written regarding the different techniques and methods of management will be applicable for many years to come.

Denton A. Cooley, Houston, Tex.

Michael L. Pollock, Donald H. Schmidt (eds) Heart Disease and Rehabilitation
2nd ed.
This book of 750 pages, edited recently by M.L. Pollock and D.H. Schmidt containing 38 chapters written by a group of 60 authors, most of them well known in their field, includes six parts devoted to coronary diseases only: several aspects of epidemiology, prevention, medical and surgical treatment, and rehabilitation. Of course, it is not possible to analyze or to comment in detail on the content of such a rich and excellent book.
The first part covers in 3 chapters the most important problem of epidemiology; it starts with a good chapter by Kannel on epidemiologic insights into atherosclerotic disease, based mostly on the Framingham study. The second part covers in 11 chapters the pathophysiology, diagnosis, medical and surgical treatment of coronary diseases, including psychologic aspects, methods for diagnosis and evaluation (exercise, nuclear cardiology, echo, catheterization) and the choice for an optimal treatment. The third part of the book (5 chapters) is devoted to risk factors, their modification and prevention. The excellent chapter by Blackburn and Leon covers preventive cardiology in practice, based on the Minnesota studies. The role of exercise in primary prevention is covered by Paffenberger, probably in a little too enthusiastic way, and the mechanisms by which physical activity may enhance the clinical status of the cardiac patients is discussed by Haskell. The practical aspects of rehabilitation are covered in 7
chapters, including important pages by Pollock et al. on exercise prescription; a very important and original part of the book is represented by the chapters on special considerations, in which are included the problems of altitude and cold, heat and air pollution, diabetes, several activities, etc; the chapter on returning the patient to work is unfortunately too theoretical.

At the end of the book are two general chapters, one by Herman Hellerstein on a retrospective view on cardiac rehabilitation in which are described the developments of cardiac rehabilitation during the last 60 years, the accomplishments – which appear very important – and the deficiencies and needs, all these problems covered in a brief but clear critical way. The last chapter is on cardiac rehabilitation in perspective, by R.J. Shepard, who stresses the fact that we should focus our future investigations on the effects of rehabilitation on quality of life, even if the effects on mortality and morbidity are small.

If we exclude the excellent chapter by J. Kellermann on the Israeli experience, all the chapters are based on the USA experience, and we regret that nothing is being said (but for a few words in this last chapter) on the European experience, and the studies recently published by WHO. Another comment is the lack of a final practical chapter in which the optimal programme for specific cases should be presented. Of course, this is more and more difficult; as we can see, at least in Europe, the impact of the socioeconomic situation on the prescription of some part of a rehabilitation programme, and on the way in which this prescription is accepted and integrated in the patient’s life, is of primary importance. This will be for the next edition of this important book, which was so well presented by the publisher; it is a book on prevention, evaluation and treatment of coronary diseases, as rehabilitation should become a normal part of complete coronary care.

H. Denolin, Brussels

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Book Reviews

P. de Nicola, F.E. Tammaro Cardiology in the Aged

With the rapidly progressive aging of the population in industrialized countries, it is not surprising that physicians have become increasingly interested in one of the major causes of morbidity and mortality in an elderly population, cardiovascular disease. Drs. de Nicola and Tammaro have prepared a succinct and excellent text of cardiology, emphasizing the features prominent in an elderly population.

Sections discuss the anatomic and biochemical basis of aging changes and the resultant changes in cardiac function, the clinical assessment and use of a number of noninvasive diagnostic procedures, and describe the features of the classic subdivisions of cardiovascular disease in an elderly population.

A major feature of the book is the profusion of illustrations – with excellent-quality electrocardiograms, echocardiograms and X-rays, in addition to the usual tables and graphs. Of particular interest is the color presentation of myocardial radionuclide scintigrams. Further, the monograph is well-referenced, with a number of recent references deriving from many countries.

The authors appropriately present certain difficulties to be anticipated in the evaluation of cardiac disease in the aged, e.g., problems with the standard clinical assessment and symptom presentation, atypical physical findings in some illnesses, atypical presentations of
myocardial infarction, problems with drug therapy to be anticipated in the elderly and the like.

There is, perhaps, a disproportionate presentation and discussion of noninvasive procedures as compared with invasive ones; and perhaps less emphasis on surgical intervention, particularly features involved in selection of patients for surgical interventions, than in texts from other countries addressing cardiac disease in the aged population; however, this may reflect practice patterns both in the country of the authors and in many other nations.

However, in an era where cost containment impacts on medical care, it would be valuable to see some assessment of the procedures that were most cost-effective in establishing the diagnosis and guiding therapy – rather than only the detailed (and excellent) description of abnormalities characteristic of a particular lesion or disorder on a variety of available test procedures. In some areas – particularly the arrhythmias – a detailed description of the problem is provided, but this is little different in the aged than the general population; I would have preferred more time spent on features determining the decision to treat specific arrhythmias and more detail of problems encountered with antiarrhythmic drugs, alone or in combination with other cardiovascular medications, in elderly patients.

Despite these few concerns, Drs. de Nicola and Tammaro are to be congratulated for a well-organized, clearly-presented, magnificently illustrated and concisely presented review of cardiology in the aged.

Nanette K. Wenger, Atlanta, Ga.

Peter F. Cohn

Silent Myocardial Ischemia and Infarction


This book comprises an up-to-date knowledge about a ‘hot topic’ which has again recently gained priority. The clinical problems relating to silent myocardial ischemia have been known to us for at least 35 years but as often happens in medicine priorities change not always for logical reasons. Signomatic coronary artery disease has until now not been fully investigated either pathophysiological or by the prognostic importance of this clinical condition.

There is no doubt that the introduction of Holter monitoring on the one hand, and the use of other noninvasive techniques on the other hand, has deepened our interest and eagerness to investigate the hemodynamic and pathogenetic patterns of silent myocardial ischemia. The author has made an important contribution in summarizing what is known today about the topic. The book consists of 6 parts discussing the pathophysiology of silent myocardial ischemia, the sensibility of pain in patients with these conditions as well as the prevalence, detection, prognosis, management and future directions. In reviewing this book one becomes even more intrigued by a number of open questions which still remain unanswered especially as to the long-term prognosis and to questions concerning the management, i.e. effective therapy (if available or needed). There is certainly still much to be done and this book will help to
increase the amount of research by focusing more precisely on the pertinent issues which still remain to be investigated.

It seems to me to be more important to postulate our critical questions as to what has already been achieved in the field and not to avoid misinterpretations, ill-defined designed hypothesis and a misguidance of patients.

We would recommend this book to every clinical cardiologist interested in a concise overview on various topics relating to silent ischemia.

Jan J. Kellermann, Tel Hashomer


Undoubtedly, it is of utmost importance to discuss in detail also the negative consequences of antihypertensive treatment, although it may not be as encouraging and rewarding as it is to present results on the possible life-saving effects of antihypertensive treatment. The initiative of Drs. Reyes, Alcocer and Velasco to arrange a symposium devoted to Risks Conveyed by Antihypertensive Treatment is therefore very welcome. Regrettably, however, the proceedings from the symposium do not live up to my expectations of a thorough follow-up of, e.g., the symposium on ‘Negative Consequences of Blood-Pressure Reduction’ published in 1978 as a supplement to Acta medica Scandinavica. Thus, some major risks are not mentioned at all, e.g., the rebound phenomenon after sudden withdrawal of clonidine, or mental effects of treatment with methyldopa. Somewhat surprisingly, on the other hand, the deleterious effects of antihypertensive treatment on magnesium turnover are extensively treated, covering 37 pages of the total 148 pages. Furthermore, although elegantly presented, the chapters on Cardiac Hypertrophy in Man: Myocardial Function, Coronary Hemodynamics and Pharmacotherapeutical Consequences (B.E. Strauer) and Experimental Support for Treating Essential Hypertension with Centrally Acting Drugs – New Evidence (T.H. Svensson), together covering another 35 pages, have little or nothing at all to do with risks of antihypertensive treatment.

In conclusion then, the book cannot be recommended to those looking for a general overview of the risks and negative consequences connected with antihypertensive treatment.

Rune Sannerstedt, Göteborg