Cardiovascular Review 1980

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Introduction to Second (1980) Edition

An attempt has again been made to include in the Review, that material which is most clinically germane to the cardiologist, internist and the young physician in training. Accordingly, those topics dealing with the more technologic aspects of cardiovascular disease have been excluded. However, the abundance of major American cardiovascular literature in the last year has required the addition of 1,214 new references enlarging the total number of recent reports in this edition to 3,107. These primarily deal, as they have in the past, with ischemic and valvular heart disease, hypertension, the relationship of pulmonary and cardiovascular disease and other topics emphasized in recent years. A considerable number of new references involving ischemic heart disease, arrhythmias and conduction defects and congestive heart failure have been added because of the plethora of such topics in the last year and a half. The timeliness of these additions has been improved by rewriting the Review at a time more proximate to publication schedules. Thus, all pertinent literature through the first two-thirds (August) of 1979 has been included in this edition.

The format and lexicology are unchanged. Because a system of abbreviations unique to this book has been utilized, a glossary of abbreviations has been added (p. 479). The table of contents has been constructed in as logical an outline form as allowed by the random appearance of new literature. I have included in the table of contents as many specific topics as possible. This has been reconstructed in outline form. Additionally an index has been added to this edition of the Cardiovascular Review.

It is re-emphasized that no topic in this review is exhaustively discussed. The contents of this document should therefore be cross-referenced with existing texts for as current and complete an overview as possible.

Special thanks are extended to Louise Malinowski whose patience, dedication and labors above and beyond the call have made this publication possible. My particular gratitude is owing to Dr. Douglas Westveer for his work on the index, laborious proof-reading and confirmation of every reference.

GCT
November, 1979

Introduction to First (1979) Edition

This work is a seven year summary of the highlights appearing in the major American cardiovascular journals. It has been compiled for those with a special interest in cardiovascular disease who, because of limited time incident to their professional activities or training commitments, have insufficient opportunity to comprehensively study these journals. It is in no way to be construed as a text. On the other hand it summarizes approximately 1500 references which should effectively update any of the general cardiovascular textbooks which usually fall short of being current by several years.

This work has also been compiled for those preparing for their internal medicine or cardiovascular sub-specialty boards. It is intended to serve as reference material especially in the following areas: ischemic heart disease, valvular heart disease, hypertension, arrhythmias and conduction defects, pacemaker medicine, and to a limited degree pulmonary vascular disease. The table of contents initially deals with ischemic heart disease, valvular heart disease and arrhythmias because these topics have been most heavily dealt with in the literature of the 1970s. Thereafter miscellaneous topics are enumerated in alphabetical order.

A major part of cardiology deals with ischemic heart disease and particularly that species thereof resulting from arteriosclerosis. Much of the material in this area is of a statistical nature. This is particularly true of those sections dealing with natural history, risk, and therapeutic results. In many instances, varying and indeed disparate statistical data will be given on a single topic. This is merely because it appears this way in the literature and should be construed within the framework of varying observations and experiences by individual groups dealing with the same subject. These statistics are specifically enumerated throughout this work only to document trends and directions. Their verification is available in the appropriate references cited.

"Contemporary patterns of medical practice often lead to decision making by individual physicians on the basis of their personal experience and their interpretation of articles in the medical literature. The aggregation of the experience of doctors throughout the country, careful analyses of such data and application of those analyses to medical practice are the exception, rather than the rule, curtailing the usefulness of the medical literature" (NEJM 297:1462, 77). This review will hopefully contribute at least in part to the solution of this problem.

The language and nonstandard abbreviations in this presentation are the lexicon of a medical note taker. It is hoped that this will not detract from this review but rather will result in a capsulized but comprehensive exposure to a maximum of literature in the little time that the press of medical affairs allows for the assimilation of new information.

In conclusion, this outline is to be used as a reference and a source of very current data which should properly be supplemented by appropriate textbook material.

GCT
October 1978

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