

CARDIOVASCULAR REVIEW 1984

GERALD C. TIMMIS, M.D.

Douglas C. Westveer, M.D.

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GERALD C. TIMMIS, M.D.

*Oakland University Health Science Center
and
Division of Cardiovascular Diseases
Cardiac Laboratories*

Douglas C. Westveer, M.D.

Electrophysiology Laboratory

Timothy A. Nelson, M.D.

Division of Cardiovascular Diseases

Andrew M. Hauser, M.D.

Noninvasive Laboratory

James R. Stewart, M.D.

Electrophysiology and Ultrasound

Rudolph H. Dressendorfer, Ph.D.

Exercise Laboratories

*William Beaumont Hospital
Royal Oak, Michigan*



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PREFACE TO 1984 VOLUME

This book conforms as much as possible to the format and goals described in the introductory remarks for previous editions of this annual Review. With the addition of another 1926 references, this work now consists of about 9000 statements on cardiovascular reports appearing in the English-speaking cardiovascular literature. During the past year, I serially reviewed over 38 journals, most of which are enumerated on p. 692, and have selected those reports that would appear to affect the mainstream of cardiovascular thinking. Thus, many important technologic contributions have not been included. On the other hand, as cogent a descriptive statement as space will allow has been made for those contributions that have been included in this edition. As before, we have organized the additions together with material from previous editions within the constraints of their random appearance in the literature.

Unlike other publications providing an overview of current cardiovascular literature, we have continued to accumulate the new while retaining less recent contributions. Thus, this publication has increasingly assumed a textual configuration. However, it is not a definitive text and the reader is therefore referred to several recently published excellent cardiovascular textbooks for a more comprehensive albeit somewhat less current discussion of a particular topic. I have continued to reference the literature within the text itself in the service of one of the major functions of this work, a readily accessible bibliographic resource.

I again express my thanks to my coauthors whose patience, understanding, and support have been invaluable in the preparation of this book. This is particularly true of Dr. Douglas C. Westveer who continues to ride herd on the index, glossary, and table of contents. My gratitude also to Drs. V. Gangadharan, Renato G. Ramos, and Seymour Gordon who have borne an extra clinical load while this book was being written. I especially salute Dr. Robert Goodfliesh who, although he has moved to another institution, repeatedly returned at a moment's notice and spent countless hours taming the computers that have processed this publication.

Finally I would like to extend my particular thanks to Pat Bagamery and her crew, to Rick Rudofski, a punctuator par excellence, for his assiduous and laborious checking of references, to Judy Barnard, to Brenda White who was a godsend, and most of all, to Louise Malinowski who has again, with her Toscaninian skills, orchestrated the preparation of this manuscript.

GCT
September 1983

PREFACE TO 1979 VOLUME

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 subspecialty 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 1979

PREFACE TO 1980 VOLUME

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 1214 new references enlarging the total number of recent reports in this edition to 3107. 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 reemphasized 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 to Dr. Douglas Westveer for his work on the index, laborious proof-reading, and confirmation of every reference.

GCT
November 1979

PREFACE TO 1982 VOLUME

Cardiovascular Review 1982 is an attempt to survey and organize much of the English-speaking literature as concisely and expeditiously as possible for those who wish to remain current but have insufficient time for this purpose. The format of the 1982 edition has been changed in the service of space and editorial costs. We have continued an outline mode of presentation while abandoning wasteful indentations of text. Almost all references have been retained for their bibliographic value unless they were felt to be no longer germane to the matrix of medical thinking, which we have attempted to weave in these reviews.

With the exception of a few statements and paragraphs in a number of sections, the book has been virtually entirely rewritten. With the addition of 2113 references in the current review, the total number of papers, currently identified is well in excess of 5000.

As was the case in the past, we have employed a lexicology which is sufficiently unique that we have included a glossary of abbreviations (p. 391). The table of contents has been constructed to reflect the order in which the preponderance of cardiologic literature appears. Thus, ischemic heart disease, valvular heart disease, arrhythmias, and conduction defects have been assigned a high priority reflected by their location in the first few sections of this book. Thereafter, topics ranging from acromegaly to tumors of the heart have been addressed in alphabetical order.

Little effort at editorializing has been attempted. Rather it remains our intention simply to identify the substance of material appearing in current medical literature with an organization that is as facile and logical as its random appearance allows. We would also emphasize that the data herein are intended to supplement, but not replace, the several recently published excellent cardiologic textbooks.

In many sections attempts have been made to classify the contents of a particular report as a clinical, pathophysiologic, or therapeutic statement. In so doing, a given item may be the sole reference in such a subheading, reflecting the fact that no other contributions have recently been made in this particular area. This again emphasizes the fact that this is not a text.

Special thanks are again extended to Louise Malinowski for her dedication, commitment, unflagging energy, and endurance. Our appreciation is also extended to her colleagues who have had to fill the large void left by Louise as she labored to make this publication possible, and to Rick Rudofski for his laborious and meticulous proofreading. We also acknowledge permission

granted by Williams and Wilkins to reproduce material from the 1980 edition in the sections of Bartter's syndrome and cirrhosis (pages 282, 295).

GCT
September 1981

PREFACE TO 1983 VOLUME

Cardiovascular Review 1983 is an attempt to assimilate most of the clinically germane English-speaking cardiologic literature in as concise and timely a format as possible. Thus, this textual compendium of individual reports represents as current a summary of cardiologic thinking as the publishing process will allow. With 1625 references having been added to the 1982 edition, bringing the total to almost 7000, the Review constitutes not only as ready and comprehensive an updated reference as is probably available, but also a bibliographic resource.

Several characteristics of this document require reemphasis. In the service of brevity, cost, and publication constraints, editorializing has been kept to a minimum. The organization and order of material as indicated in the table of contents continues to reflect largely the frequency with which various topics have appeared in the literature. While it has become increasingly comprehensive, we do not purport that the Review has achieved the dimensions of a text. For reasons of brevity, our lexicology remains unique as identified by the Abbreviations listed on p. 496 and the Guide to Journal Abbreviations on p. 500.

Douglas Westveer, M.D., has contributed to this annual edition in a signal and important way although the participation of all the coauthors has been invaluable. Their names have been listed in reverse alphabetical order as a diminutive remedy to the converse being traditionally and invariably the case.

Louise Malinowski again heads the list of those deserving special thanks, as does Diane Reschke and the entire secretarial staff who must fill the void created by these key people as they participate in the preparation of this manuscript.

GCT
August 1982

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