International Perspectives

A Rational Policy for Management of Angina

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Reports from the United States of the high rate of coronary-aorto bypass graft operations (CABG) make me most uneasy and uncertain. It seems that the major centers in the United States are performing as many as 50,000 such operations a year.

I am concerned because in the United Kingdom it is still a rather rare procedure and, even accepting the fact that our population is one quarter that of the United States, the equivalent number of CABGs would be well over 10,000 a year, whereas the likely numbers are probably less than 1,000.

Is the disease for which CABG is carried out different in the two countries, or are our attitudes and incentives different? It is a subject of very considerable importance, and also one on which family physicians should have their views clearly thought out without being pushed or pressured by cardiologists or cardiac surgeons.

Some fundamental questions that must be asked and answered are:

- *Why* is the operation being done and with what results? Let us be honest and humble enough to acknowledge that the rationale of the procedure is a most crude "plumbing job," and does little else to correct the disorder. And let us acknowledge that the published results are by no means clear and unequivocal in showing benefits, either in life expectancy or in quality of life.
- *Who* should have the operation? What criteria should the family physician use for selecting possible cases for surgery? Presumably they will be cases of severely disabling angina unrelieved and uncontrolled by medical measures such as attention to modes of life, trinitrin, and beta blockers. In my experience such cases represent less than 1 in 20 of my patients with angina. Surely, we must not be over-ready to refer patients for an operation that is not without risks and with less than certain results.
- *Who should do the procedure, when, and how?* As always with a new surgical procedure, the results from first-class centers of international repute are first class, but unfortunately there are others less expert, with less capable supporting units, who succumb to the various incentives, financial and others, and jump onto the band wagon carrying out the operations with lesser results and with higher mortality rates. From the general let me be more specific and give my personal experience with angina, over more than 25 years in my practice.[1]

Before we become too enthusiastic over these new advances, let us examine the natural history of angina. It is an old disease in a new setting. Described by Herberden and Hunter over 200 years ago, it has been managed largely by family physicians over many generations with sound ad-

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vice and trinitrin. Now, with the advent of the beta blockers and CABG operation, we have to reexamine our approach in family medicine.

Over 25 years, I diagnosed angina in, and followed-up, 268 patients in my family practice. During the period of observations half of these died, but many were elderly. There was a twofold greater risk of dying in my angina patients than expected for the population as a whole, but there were certain groups that were more and less at risk. The risks were inversely related to age. Thus, the extra fatality risks were four times greater than expected in those whose angina began in the 40-to-49-years decade, and became progressively less with each decade, being no greater than expected at 70 years and over. The risks were greater in men than in women.

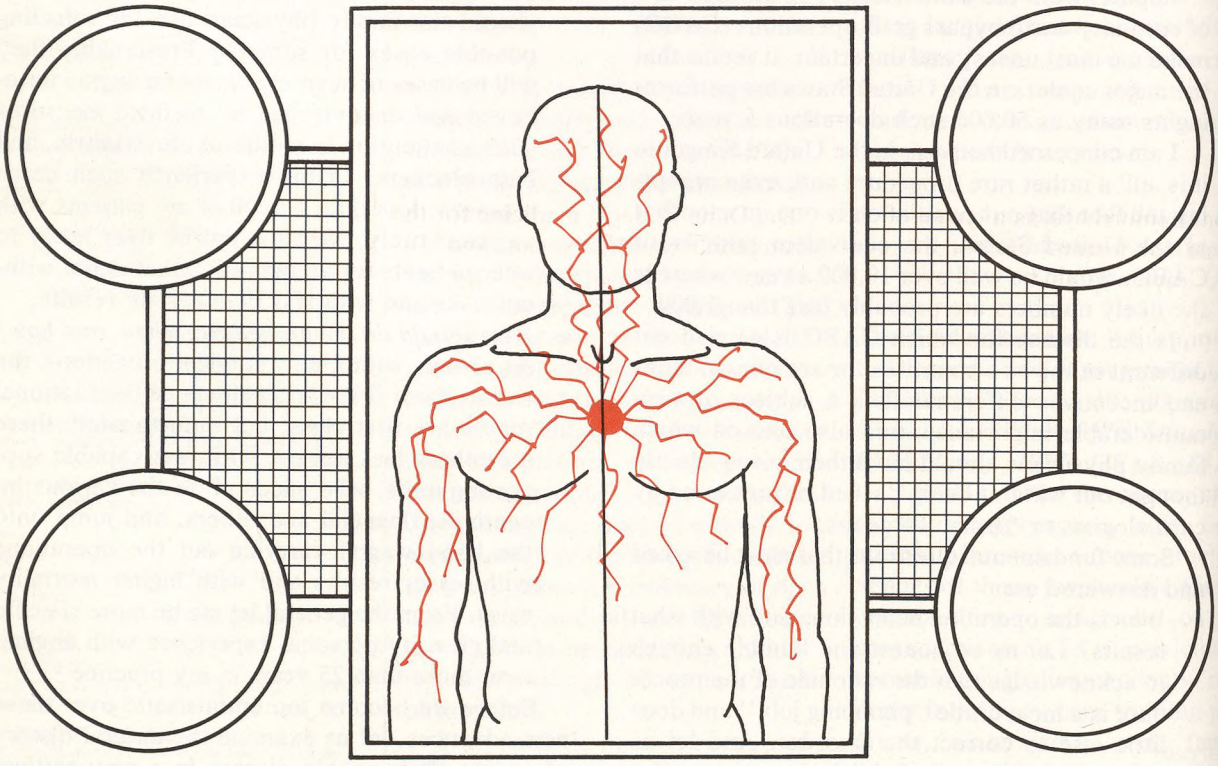
I have observed also that over a third of survivors cease to suffer from angina spontaneously—it is by no means a once-and-always condition.

The addition of the beta blockers to older measures has made it possible to control more than four out of five of all angina cases, I have found, and I have not had to refer any patient for a CABG operation so far.

It is my belief that angina is still very much a family practice disorder and that, on the whole, it is a relatively benign one, particularly in the elderly in whom most cases occur. I also believe that we have much to contribute toward achieving a more sensitive and sensible approach to the care of these patients. I believe that angina is an excellent example of a clinical condition and should be further studied in the context of family practice. Family physicians have much to contribute to our further knowledge on the natural history and sensible management of angina.

Reference

1. Fry J: The natural history of angina in a general practice. J R Coll Gen Pract 26:643, 1976



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While many texts merely list and discuss organs that may be involved in acute abdominal disease, this text orients one to think in terms of an actual diagnostic setting.

Possible causes of a pathological condition are developed in relation to the condition. As in a case of a patient with abdominal inflammatory disease, the possible causes or organs involved are sorted out. The benefit of such a presentation is that it approximates for didactic purposes the actual approach used by experienced clinicians.

The authors have instructed the reader in clinical evaluation, laboratory studies, x-ray procedures, use of ultrasound studies, and arteriography for various conditions of the acute abdomen. Pitfalls to avoid in the diagnosis of the acute abdomen are stressed. Abdominal trauma, acute abdominal inflammatory disease, intestinal obstruction, hemorrhage as a cause of the acute abdomen, and the postoperative abdomen are dealt with in separate chapters.

For the most part, the material seems well organized. Of particular merit are the illustrations and photography. This text should be a valuable addition to any medical or office library.

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Current Surgical Diagnosis and Treatment (3rd Edition). *J. Englebert Dunphy, Lawrence W. Way. Lange Medical Publications, Los Altos, California, 1977, 1139 pp., $18.00 (paper).*

This is the current edition of the surgical textbook in the very popular Lange Medical Publications series. The editors state in their preface that the text is to make available in concise form the basic information and the most recent developments in general surgery and the surgical specialties for medical students, residents, and practicing surgeons and physicians. In this reviewer's opinion they have met this objective.

The book is organized into 51 separate chapters with different authors covering general surgery, care of the surgical patient, surgical specialties, and associated topics such as legal medicine, radiation therapy, and special diagnostic procedures. Most of the chapters are concise, well-written, adequately illustrated, and well outlined with a preceding "Essentials of Diagnosis" section which is helpful for quick review of the topic. The chapters on the approach to the surgical patient by Dr. Dunphy, legal medicine for the surgeon by Mr. Nagan and Dr. Carr, and the chapters on the breast, acute abdomen, and the hand are particularly well written. The text stresses surgical diagnosis and treatment but does not cover surgical techniques in depth.

The chapters on the surgical specialties are brief and offer only a short introduction or overview of the topic. The chapters on gynecology and orthopedics are fairly well done, considering the space limitations in this type of text.

This paperback textbook of surgery provides practicing family physicians, family practice residents, and medical students a readable, relevant, and well-organized

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review of current surgical practice at a reasonable price.

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Practical Psychiatry in Medicine. *John B. Imboden, John Chapman Urbaitis, A. McGehee Harvey. Appleton-Century-Crofts, New York, 1977, 304 pp., $9.50 (paper).*

It is becoming increasingly evident to all involved in family medicine that psychiatry is assuming increasing importance so that a good working knowledge of the jargon and basics in the field is required.

This book is especially valuable to those of us who have been in family medicine for a number of years because each concept in psychiatry is succinctly defined and illustrated, thereby enabling one to obtain a quick and effective overview of the problem at hand. It can be equally valuable to the recent graduate and resident, serving as an effective bridge from academe to actual practice.

I was particularly pleased with the treatment of many problems of a psychological or psychiatric nature commonly seen in the office of the family physician. The Preface makes the point, "It has been said that the greatest single failure of modern medicine is the frequency of inadequate communication between patient and physician." I am not prepared to debate the accuracy of that statement, but I believe that this volume can increase the reader's ability to communicate effectively. The book is replete with good common sense and the empiric approach to problems and conditions otherwise confusing to one degree or another. Coping, death and dying, suicide, sexual dysfunction, and alcoholism are but a few of the topics covered in a terse fashion but completely enough to allow the reader to acquire a sense of security relative to the task at hand.

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Endocrine Pathophysiology: A Patient-Oriented Approach. *Jerome N. Hershman. Lea & Febiger, Philadelphia, 1977, 358 pp., $15.00 (paper).*

This book on endocrine pathophysiology takes a new and refreshing approach to a very difficult and detailed field. It is primarily designed for use by medical students who have had some fundamental training in endocrinology; however, it can also be useful to residents and family physicians. Many of the sections are obviously written for the beginning student, and some of the explanations and comments are at a fundamental and basic level, but the resident in training and the practicing family physician will also find this text handy, practical, and useful.

This well-organized text follows a logical pattern through the endocrine field, covering first the pituitary, thyroid, adrenal, and sex glands, next the pancreas and parathyroids, and finally water metabolism and hyperlipidemia. Each chapter is concise, orderly, and clinically oriented. There is good use of graphs, charts, tables, and diagrams throughout the book. The organization of each chapter allows for easy reading and quick reference.

An interesting feature at the end of each chapter includes a set of

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clinical questions applicable to the content of the chapter with the answers for the questions appearing in the back of the text. There is also a good and current bibliography after each chapter for further in-depth reading by the more advanced student, resident, or practitioner.

In dealing with the difficult field of endocrinology, it is most helpful to use a patient-oriented approach. Clinical problems are included in each chapter to illustrate the narrative and didactic material included at the beginning. Clear delineation of symptoms, signs, and case illustrations also enhances this patient-oriented approach to endocrinology.

Not only will this text be important to medical students, but residents in primary care training and practicing family physicians will find it practical and useful in their everyday education and practices.

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Oral Manifestations of Inherited Disorders. *Heddie O. Sedano, John J. Sauk, Robert J. Gorlin. Butterworths, Boston, 1977, 214 pp., $19.95.*

This book attempts to correlate in a systematic way malformations of the oral cavity as related to hereditarily transmitted disorders. The presence of orodental anomalies is so frequent in systemic inherited disorders that the approach to diagnosis using this marker seems reasonable and represents a valuable contribution to the primary care physician.

The text is divided into systemic inherited disorders associated with involvement of dental, oral, or perioral soft tissue, jawbone, facial clefting, and multiple oral structures, a separate chapter devoted to each group. The first chapter is devoted to a very brief, general discussion of the inheritance patterns as an aid in genetics counseling and to the physical examination of the oral cavity. These discussions are excellent and worth the short time required to read. Specifically, the section devoted to the physical examination discusses the many variations of normal seen so frequently in the newborn involving the lips, mucosa, gums, palate, and tongue. This information is the kind that family physicians and pediatricians obtain from experience, but is not often available to the inexperienced physician following his training program. An excellent chart reviewing dental eruption in the infant and the child is included. Illustrations are included and they demonstrate the pertinent material with each disorder discussed and assist diagnosis by inspection. While the quality of the illustrations is not excellent, it is satisfactory for purposes of identification.

This book would not be commonly used as a reference when a physician is presented with this clinical problem. For this reason I would encourage its inclusion in the local medical library rather than recommend it for inclusion in the primary care physician's private library.

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The Year Book of Cardiology 1977. *W. Proctor Harvey, Walter M. Kirkendall, John W. Kirklin, et al (eds). Year Book Medical Publishers, Chicago, 1977, 496 pp., $24.50.*

The Year Book is designed to provide a means for the reader to keep up with progress in the area of cardiology and vascular disease with a minimum of time and expense. Thousands of articles from international journals are submitted and carefully reviewed by the editors for selection, and are then condensed for publication in the book. The 1977 *Year Book* features 336 articles.

As published, *The Year Book of Cardiology 1977* contains chapters on Normal and Altered Cardiovascular Function; Cardiovascular Disease in Infant and Child; Heart Disease in Adults; the Myocardium, Endocardium, and Pericardium; The Coronary Arteries and Coronary Artery Disease; The Pulmonary Circulation; Cardiac Surgery; Vascular Disease; and Hypertension.

Although aimed primarily at the interest of the cardiologist, *The Year Book* does have some value for the family physician in that it offers a quick, brief summary of progress in the field. The articles are short and in most instances one has the feeling additional reading is necessary for one to be fully informed should a particular topic be of interest. Considerable research information is presented particularly in the first chapter.

The book certainly meets its goal as described in the first paragraph of this review. It is well organized and easy to read. One must realize, however, that it is not a complete textbook and the major part of the material deals with tertiary care medicine. In addition to the internist and the cardiologist, the practicing family physician and the family practice resident would probably be included among those best served by this publication.

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