

THE
POSTGRADUATE
MEDICAL JOURNAL

INTRODUCTION

London

February 1956

Over six years have passed since a number of the POSTGRADUATE MEDICAL JOURNAL was devoted entirely to cardiology. That issue, in November 1949, was remarkably successful and many reprintings had to be made. It was still in demand in 1955 when the decision was taken to issue the current special cardiological number.

Of the eight articles which follow, two deal with diagnosis and the remainder with management. This division does not reflect the relative advance made by diagnosis and treatment in the past six years, but in the limited space of a single issue it was felt that the emphasis should be on treatment. Many valuable diagnostic techniques had to be passed over. Cardiac catheterization is now a standard procedure in all larger centres. We might add that a certain amount of centralization of this and other investigations, such as angiocardiology, is an advantage from the viewpoints of safety, validity of results and economy. Phonocardiography has explained a number of auscultatory signs, but for routine use, unless the tracing is technically perfect, it merely presents the same problem in a different medium. Ballistocardiography has never won the same enthusiasm in this country as in the United States, where it is responsible for an enormous annual literature. Vectorcardiography and electrokymography are not yet of proven diagnostic value.

There is no article on anticoagulants in ischaemic heart disease or on mitral valvotomy because they have been dealt with in recent articles in the JOURNAL and elsewhere. A new and exciting out-

look on the pathogenesis of arteriosclerosis is emerging from recent studies of cholesterol metabolism and blood lipoproteins. In a future number the subject will be surveyed from the viewpoints of diagnosis and treatment. Surgical attack on cardiac ischaemia has up to now been disappointing, although individual workers claim success for their own methods.

The recent and remarkable progress in the surgical treatment of congenital heart disease is described in W. P. Cleland's article. The surgeon's dream of open intracardiac operations has now been realized by the use of hypothermia, so successful even in these its early days, and by the more adventurous cross-circulation technique. Mr. Cleland refers to the even more advanced procedures involving the heart-lung machine and controlled cardiac arrest. It is appropriate that he should be reporting progress in these promising techniques from Hammersmith, which has been responsible for so much of their development.

We are particularly gratified that Prof. F. H. Smirk has been able to contribute his views on the drug treatment of hypertension. In our last cardiac number the only treatment mentioned for high blood pressure was sympathectomy, which has now been replaced by drug therapy in most centres in this country.

The remaining articles on bacterial endocarditis, cor pulmonale and the relation of pregnancy, anaesthesia and surgery to heart disease deal with perennial problems and summarize current views and trends.

W.S.