# Book Reviews

Z. Nicholas Zakov, M.D.
Section Editor

**A Simplified Approach to Electrocardiography,** by Richard Johnson and Mark H. Swartz (Saunders).

The idea behind this text is good. There probably *is* a need for an introductory monograph on electrocardiography that the beginning student could use to develop pattern-recognition skills that would serve as a basis for more detailed study. The book does have several excellent features. The clear and concise diagrams illustrate the ideas that they are intended to convey. Also, the use of fully reproduced, full-sized electrocardiograms with a supporting test on the page immediately following eliminates the need to review with a magnifying glass and frequent paging forward and backward to read the text and then look at the example. For the most part, the introductory section on fundamental concepts is good, but is often superficial. Occasionally, the writing drifts off on a parallel course, as in chapter nine where a three-paragraph digression on sick sinus syndrome crops up in the middle of a discussion on supraventricular conduction defects.

There are two difficulties with the text. One is the "certainty" with which criterion for different conditions and findings is given. The fact that electrocardiography is a clinical science which is inexact and subject to debate (chamber enlargement for example) is not conveyed. It is this quality of electrocardiography that makes the subject difficult for students in the first place and they need to at least realize that this is often not a black-and-white discipline. Probably a more important item is the selection of EKGs for the practical section of the book. Electrocardiograms for the student, which are used to introduce concepts and serve as examples, ought to be the grossest and most unequivocal that can be found. Most of the tracings selected are good, but several show a degree of abnormality which is borderline or in which other equally reasonable diagnoses might be entertained which could add to a student's future confusion.

Overall, the text does a good job at what it sets out to do—giving introduction to a logical approach to the electrocardiogram. It gives a written form to much of the bedside teaching that goes on with medical students once they enter into the hospital and begin to become clinically involved with patients and, as such, could serve to keep the student a little more organized in his or her learning. The price is reasonable, and that plus its clear content makes it a worthwhile investment for students in their early clinical years.

DONALD A. UNDERWOOD, M.D.
Department of Cardiology
The Cleveland Clinic Foundation

---

**Coronary Artery Spasm: Pathophysiology, Diagnosis, and Treatment,** ed by C. Richard Conti (Dekker).

This is an excellent review of an uncommon condition, directed at cardiologists and those interested in coronary pathophysiology. The editor has intended this to be a reference for future work on coronary artery spasm, and the breadth and detail of the text will ensure this.

Prevalence of coronary artery spasm is discussed in the first chapter, but the text avoids any hard facts, as presumably, none are available. Predictably, Sir William Osler is mentioned, but several other earlier and later references to spasm make interesting reading. The pathophysiology of spasm is well expounded by the Gainesville group, which has a long and proven track record on this subject. Detailed contributions on the pathology of coronary arteries in which spasm was documented from Roberts and the NIH are recorded, based on the findings in 3 patients.

A notable contribution from the Cleveland Clinic provides excellent data on the angiographic findings in this condition. Acting on a recommendation of Dr. William Proudfit, this group was the first to administer the ergonovine test in the angiographic diagnosis of coronary artery spasm in December 1972. The present status of this now well-accepted test is described by Bertrand from Lille, France. There are three chapters which discuss other less-sensitive provocative tests, including one on the application of exercise testing from the Montreal Heart Institute. These form a useful reservoir of information on coronary physiology, quite apart from their application to coronary vasospasm.

The role of spasm in angina pectoris is discussed by the editor, who makes the balanced point that it is not a factor in the vast majority of patients with repro-

**Cleve Clin J Med 54:**351–354, July/August 1987