

Myocardiology in Africa. Vol. 1. Proceedings of the international symposium on preventive cardiology and cardiac metabolism held at Nairobi, Kenya, 4-6 October 1971.

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Abstract : In 1971 the East African Medical Research Council, part of the East African Community Organization, sponsored an international symposium on preventive cardiology and cardiac metabolism. This conference was held in Nairobi, Kenya, and this volume is a record of the papers read there. It is intended to publish a further volume recording the participants' discussions.

As always in such symposia there is a large number of papers on widely differing subjects and derived from widely differing disciplines. The editors have, however, attempted to group them.

After the opening addresses, which include a survey of the sub-Saharan cardiomyopathies by H. P. OJIAMBO (p. 5), one of the editors and organizers, there is a group of papers on the cardiomyopathies, possibly the most interesting section for the clinician. G. KORB (p. 11), in discussing terminology and classification, does not feel enough is known to make an adequate overall classification, and advocates separate clinical and morphological criteria. E. G. J. OLSEN (p. 17) suggests that the clinical classification of Goodwin into "systolic pump failure" and "compliance failure" is best and includes endomyocardial fibrosis under the latter. He discusses macroscopic pathology, histology, histochemistry, electron microscopy and aetiology for the different groups. C. M. OAKLEY (p. 29) also uses this classification and discusses the prognosis in relation to ejection fraction, end-diastolic volume, slow filling from poor compliance and tachycardia. She hopes that beta-blocking drugs may be of value in treatment.

G. O. Ojo (p. 37) hopes that follow-up cases of pancarditis in African adolescents may provide the answers to the pathogenesis of endomyocardial fibrosis.

P. G. D'ARBELA, A. K. PATEL and K. SOMERS from Makerere (p. 41) give a detailed appraisal of electrocardiograms in 56 patients with endomyocardial fibrosis followed to autopsy.

R. B. PRIDIE, H. MADIERA, J. WILD and M. G. M. ZIADV (p. 49) discuss the value of ultrasound in the differentiation of various forms of cardiomyopathy, while B. O. OKUWOBI (p. 57) from Lagos reports on the use of cardiac catheterization for this purpose. P. H. REES, A. C. CHUKWUEMEKA, W. F. M. FULTON, B. M. KILONZO and T. N. NGANDA from Nairobi (p. 71) emphasize the importance of alcoholism in causing one group of cardiomyopathies.

There is then a group of papers on possible experimental models.

A. LAUFER, I. FRIEDMAN and N. RON (p. 77) present animal experiments in which they produce myocarditis by immunization procedures. J. J. VAN DER WALT (p. 83) has studied spontaneous cardiomyopathy in the Cape Chacma baboon and compares it with the human condition. H. P. OJIAMBO (p. 97) describes the circulatory changes in dogs poisoned with methylsalicylate. W. H. ABELMANN (p. 105) points out that Chagas's disease is probably the most common cause of chronic cardiomyopathy, and uses work in mice to predict the effects of exercise, alcohol and other interventions.

Two papers by O. POUPA from Sweden (p. 115) and R. W. SHELTON, J. B. CAULFIELD and J. F. BURKE from the United States (p. 125) describe the production of necrosis of heart muscle by isoproterenol and by high temperatures and by high oxygen tensions, while W. WARBANOW and A. WOLLENBERGER from East Germany (p. 135) used low temperatures to produce cardiomegaly in, embryonic chicks.

A fourth group of somewhat similar papers demonstrates the world-wide activity of cardiac research: electron microscopic studies [not "ultrasonic" as wrongly given in the chapter heading] on cardiac biopsies are described by V. J. FERRANS, G. I. SHUGOLL, R. A. MASSUMI, N. ALI and W. C. ROBERTS from the U.S.A. (p. 149); biochemical changes in the neighbourhood of cardiac infarctions by S. GUDBJARNASON and P. MATHES from Iceland (p. 165); and more electron microscopic work on the myocardial necrosis produced by isoproterenol, by J. DUSEK, M. BOUTET, Z. CSAPO and G. RONA from Canada (p. 173).

The fifth chapter returns to an African environment with papers by A. C. IKEME (p. 185) on the interesting idiopathic left ventricular aneurysms of Nigeria; by A. O. WILLIAMS (p. 197) on coronary artery disease in Nigerians; the use of post-mortem stereoarteriography by W. F. M. FULTON in Nairobi (p. 199); a study of the conducting tissues in heart disease by A. J. KENNEL, J. L. TITUS, B. D. McCALLISTER and R. D. PRUITT from Zaire (p. 203); and finally an interesting and unorthodox suggestion by K. A. OSTER (p. 209) attributing dietary atherosclerosis to excess xanthine oxidase and linking this up with the immunity of the Masai to atherosclerosis.

The sixth chapter is again African and describes disease patterns in various places. W. J. MAKENE (p. 217) gives details of hypertension in Dar es Salaam; P. G. D'ARBELA, A. K. PATEL and K. SOMERS (p. 225) describe rheumatic fever and heart disease at Mulago and emphasize its major importance as a cause of heart involvement; J. P. STANFIELD and P. M. BRACKEN (p. 229) have found high antistreptolysin O titres in children in rural and semi-urban Uganda and note that exposure to streptococci must start very early in life. I. J. P. LOEFLER (p. 233) thinks that patent ductus arteriosus is more common in Central Africa than in the northern hemisphere and suggests that this may be due to the effect of lower oxygen tension as a result of living on a plateau of 4000 feet and above. A. B. M. EL-AMIN (p. 237) has studied electrocardiographic changes in patients with meningococcal meningitis.

There are then 4 papers on techniques for estimating myocardial contractility, the effects of dehydroemetine on myocardial contractility and coronary circulation, cardiac output in shock estimated by dye dilution curves, and cardiovascular responses to exercise in anaemic African males. There are also 3 papers on calcium ions in mitochondria.

Finally there is a paper on the possibilities of preventive cardiology in Africa by R. CARLISLE and L. WILHELMSSEN from Ibadan (p. 327).

As can be gathered, the papers represent different interests and different disciplines and, apart from a connexion, if somewhat tenuous, with cardiology there is little in the way of a common theme. The non-specialist reader would be better advised to consult other works for information about cardiology in Africa. A. C. E. Cole.

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countries, ACP Countries, Central Africa, Africa South of Sahara, Francophone Africa, Least Developed Countries, low Human Development Index countries, low income countries, Commonwealth of Nations, European Union Countries, Western Europe, Europe, Nordic Countries, Northern Europe, Anglophone Africa, East Africa, lower-middle income countries, medium Human Development Index countries, West Africa, Scandinavia