

Evans W, Hoyle C (1934). The prevention and treatment of individual attacks of angina pectoris (angina of effort). Quarterly Journal of Medicine 3:105-135.

Key passages

THE PREVENTION AND TREATMENT OF INDIVIDUAL ATTACKS OF ANGINA PECTORIS (ANGINA OF EFFORT)¹

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Scheme of therapeutic observations. Most of the patients visited the Department at fortnightly or monthly intervals. All who were not co-operative were soon allowed to fall out of the series; the remaining ones were judged to be trustworthy. Even so they were closely questioned, and were often admitted to hospital for confirmatory observations. While attending the Department each patient made personal records of every attack, and these were entered on a special form at each attendance. Details were noted of the severity and duration of attacks and the nature of the exercise which had induced pain. Particular attention was directed to duration of the attacks when rest was the only treatment. Patients were persuaded to time them by their watch as the duration of pain would vary with exertion. In this way a certain standard could be formulated of the duration of attacks under no treatment other than rest. This standard was subsequently used when comparing the effects of the various remedies in the same individual. Each patient made similar observations upon attacks in which the remedies were tried. The proper method of administration was explained to each patient, and he was warned that he might experience incidental symptoms such as giddiness, flushing, palpitation, and throbbing in the head, when using nitrite and chloroform. A summary of the previous fortnight's trial was made at each visit and then the observations required of the patient during the next test period were explained. When there had been

sufficient repetition we gained the patient's considered opinion upon the respective values of the various remedies. After using the ordinary therapeutic dose this was doubled or trebled and again similar observations were made both by the patients and ourselves. Later they were asked to continue the exertion which had induced pain in order to compare the effectiveness of remedies in ordinary and excessive doses, both during exercise and when rest was taken from the onset of pain. The results are discussed in four groups indicating different degrees of clinical improvement as follows:— (a) great relief indicating a decrease of more than 50 per cent. in the duration of attacks; (b) moderate relief, indicating a decrease of less than 50 per cent. in the duration of attacks; (c) no relief; (d) worse.

The effectiveness of each drug in *preventing* the onset of an expected attack was then studied. Patients had to record the prophylactic effect of a drug when taken immediately before or at intervals of five to thirty minutes before an exercise which habitually induced pain, and to compare their freedom from pain, when walking measured distances both without and with the aid of a drug. Our own observations were made in a few particular patients during exercise over a standard itinerary of 360 yards in the hospital's grounds and a standard climb of 123 steps on a staircase. The walk provided two steep and two moderate gradients. The exertion test was controlled and timed, and frequent blood-pressure readings were made during trials of the efficacy of the various remedies both for the relief of attacks and for their prevention. The dose required to produce the desired effect was determined in this way. The results are again discussed in four groups, indicating the clinical response as shown by a decrease in the number of attacks when compared with control observations during which no drug was taken to prevent pain.

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