

Literature Briefs

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Literature Briefs were submitted by Drs. C. M. Ballinger, N. Bergman, R. B. Boettner, D. R. Buechel, T. B. Caldwell, II, Cascorbi, R. B. Clark, M. I. Gold, F. C. McPartland, D. H. Morrow, E. S. Munson, J. W. Pender, A. D. Sessler. Briefs appearing elsewhere in this issue are part of this column.

Circulation

ARRHYTHMIAS The incidences of conversion to sinus rhythm following DC shock alone and DC shock with antiarrhythmic therapy in 457 episodes of atrial fibrillation occurring in 318 patients were evaluated. Antiarrhythmic drugs included quinidine, procainamide, and propranolol. Drug therapy combined with DC shock gave a higher conversion rate than DC shock alone. The combination of procainamide and propranolol resulted in a conversion rate of 92 per cent, compared with 78 per cent in the group which received DC shock only. Antiarrhythmic drug therapy failed to reduce the incidence of shock-induced dysrhythmias. (Szekely, P., and others: *Direct Current Shock and Antidysrhythmic Drugs, Brit. Heart J.* 32: 209 (March) 1970.)

ATRIAL SEPTAL DEFECT Twenty-five patients with atrial septal defect, ten of whom had congestive heart failure, were studied at rest and during exercise using right and left heart catheterization. In young adults without clinical evidence of heart failure, increases in left or right ventricular end-diastolic pressures increased stroke volumes. In six patients whose ages averaged 43 years who had heart failure clinically, right ventricular failure was proven by catheterization, but left ventricular function was normal. Five patients, averaging 58 years of age, had biventricular failure. Left ventricular failure in the absence of right ventricular failure was not seen. (Flamm, M. D., and others: *Ventricular Function in Atrial Septal Defect, Amer. J. Med.* 48: 286 (March) 1970.)

CORRECTION OF TRANSPOSITION

Major complications occurred in six of 12 patients following total correction of transposition of the great arteries. Respiratory failure necessitating mechanical ventilation occurred in three patients, tracheal bleeding after tracheostomy in two, and *Pseudomonas pneumonia* in one. One patient developed circulatory insufficiency and a stroke. All patients developed peripheral edema with fluid retention, but none had pulmonary edema immediately postoperatively. The use of a large diamond-shaped patch to enlarge the total volume of the atria is thought to have averted pulmonary venous obstruction and pulmonary edema. There was one late death in the 12 patients. (Waldhausen, J. A., and others: *Total Correction of Transposition of the Great Arteries Following Balloon Atriostomy, Circulation* 41, Suppl. II: 123 (May) 1970.) AN-STRACER'S COMMENT: Pulmonary edema accounts for nearly half the cases of immediate surgical mortality, and the use of a patch to enlarge the atria may be a significant contribution toward preventing this problem.

REVASCULARIZATION OF HEART

Seventy patients with angina were treated with aorta-to-coronary-artery saphenous vein grafts. Although 28 patients had disease in three coronary vessels each and 15 had disease in two vessels each, operative mortality was only 10 per cent and relief of angina was obtained in 81 per cent. (Adam, M., and others: *Immediate Revascularization of the Heart, Circulation* 41, Suppl. II: 73 (May) 1970.)

SHUNTING Physiologic shunting was studied under experimental conditions of acute pulmonary arterial occlusions and acute hemorrhagic edema. The lungs of animals were ventilated either with continuous positive-pressure breathing (CPPB) or with intermittent positive-pressure breathing (IPPB). At the same levels of minute ventilation and blood