

Literature Briefs

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Briefs were submitted by Drs. C. M. Ballinger, N. Bergman, R. B. Boettner, P. P. Bosomworth, D. R. Buechel, R. B. Clark, D. Duncalf, J. E. Eckenhoff, M. Helrich, M. H. Harmel, J. Jacoby, D. E. Leith, F. C. McPartland, W. H. Mannheimer, R. C. Morton, A. S. Paterson, J. W. Pender, R. E. Ponath, A. D. Randall, H. S. Roc, L. J. Saidman, P. H. Sechzer, A. D. Sessler, and E. A. Talmage, and L. Watt. Briefs appearing elsewhere in this issue are part of this column. Abstracts of Russian and Japanese literature were obtained from Excerpta Medica Foundation.

Circulation

CARDIOVERSION Direct current cardioversion was attempted in 60 patients six days to several months following mitral valve replacement. Forty-one (68 per cent) were successfully converted to normal sinus rhythm (NSR) and 24 of these remained in NSR for more than ten months. Successful conversion was related to: (1) duration of atrial fibrillation of less than five years and (2) only minimal left atrial enlargement. Advantages of early cardioversion are enhancement of cardiac output, lower risk of emboli, slower heart rate at rest and during exercise, and relief from palpitations. Attempts at cardioversion are recommended for patients with atrial fibrillation following mitral valve replacement. (Semer, H., and others: *Cardioversion Following Prosthetic Mitral Valve Replacement, Circulation* 35: 523 (March) 1967.)

DIAZEPAM AND DC COUNTERSHOCK Two series of unselected consecutive patients undergoing direct-current counter-shock conversion of atrial fibrillation were given either sodium thiopental (18 patients) or diazepam (19 patients) anesthesia. After administration of the anesthetic agent, but before the countershock was given, frequent premature ventricular systoles occurred in the group of

patients which received sodium thiopental. No premature ventricular systoles were observed in the group which received diazepam. After countershock, the sodium thiopental group continued to demonstrate frequent premature ventricular systoles. The patients who received diazepam had a small number of premature systoles after the countershock. This difference between the two groups was significant. The two groups of patients were otherwise similar clinically and electrocardiographically. Diazepam is a satisfactory analgesic-amnestic agent for this procedure. (Muenster, J. J., and others: *Comparison between Diazepam and Sodium Thiopental during DC Countershock, J.A.M.A.* 199: 758 (March) 1967.)

ATROPINE AND ECG CHANGES There is a frequent coexistence of biliary disease and arteriosclerotic heart disease. Occasionally the electrocardiographic changes are severe and might militate against surgical intervention. Three patients with biliary disease, gallstones, and profound T-wave inversion on the electrocardiogram were given 2 mg. of atropine intramuscularly. Marked improvement in the ECG occurred after receiving the atropine and the improvement was corroborated by cholecystectomy. Ten other patients with T-wave inversion and ischemic heart disease were also given atropine. In these patients without gall bladder disease, no change occurred. This diagnostic administration of atropine may enable physicians more accurately to evaluate whether patients simultaneously suffering biliary tract disease and coronary heart disease can safely undergo surgery. (Kaufman, J. M., and Lubera, R.: *Preoperative Use of Atropine and Electrocardiographic Changes. Differentiation of Ischemic from Biliary-Induced Abnormalities, J.A.M.A.* 200: 197 (April) 1967.)

ORCIPRENALINE Propranolol, an adrenergic beta-receptor antagonist, used in the