OTHER SUBJECTS


Tetraethylammonium chloride (TEAC) blocks sympathetic and parasympathetic impulses at the autonomic ganglia. When 500 mg. were given intravenously it significantly increased the blood flow to the feet in normal subjects and produced vasodilatation in the hand in seven out of eight instances. Circulation in the forearm and calf was increased only slightly. Digital skin temperatures were increased. The compound did not produce vasodilatation after an extremity had been sympathectomized. Therefore, its vasodilator action is the result of the inhibition of sympathetic vasoconstrictor tone, and not the result of any direct action on the blood vessels. Since lumbar paravertebral block is about twice as effective as TEAC in increasing blood flow to the foot, the dosage of TEAC usually used may not cause complete sympathetic blockade. The increase in blood flow to the foot of normal subjects as a result of TEAC administration was much greater than that produced by amrinophyllin, Papaverine, nicotinic acid, and nitroglycerin and slightly greater than the vasodilatation resulting from prolonged body heating.


This report is based on observations made upon 3 dogs that were subjected to an end-to-end anastomosis of the thoracic aorta at the age of 6 weeks, and then studied approximately one year after operation by angiocardiography.

Femoral pulses were palpable in all 3 animals. The angiocardiographic studies revealed in each animal a definite narrowing at the site of the anastomosis. There was no evidence of compensating collateral circulation in any case.

One dog was subjected to thoracotomy 11 days after the angiocardiographic studies and the area of constriction was readily visualized. The diameter of the aorta appeared to be approximately the same above and below the site of stenosis. The lumen of the anastomotic site was larger than the lumen of the aorta had been when the dogs were 6 weeks of age.

These experiments revealed that although the dogs were under 5 pounds in weight and less than 8 weeks old at the time of operation, there were no technical mishaps as a result of the anastomosis. On the other hand, it appeared that the diameter of the lumen at the site of the anastomosis in these dogs did not keep pace in growth with the rest of the aorta. Therefore, possibly, the operation for coarctation should be deferred until the lumen is large enough in diameter to insure adequate size as the individual grows to maturity.

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1 Rackemann, F. M., in Cecil, R. L.: Textbook of Medicine, ed. 7, Phil-
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