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Minuscule Review

The Possible Facade of Unsupervised Electrocardiographic Monitoring


When a medical advance has gained universal recognition, it is often difficult to identify and assign relative importances to the various factors in the management of the patient which have resulted in favorable changes. This is so even if the data documenting it are revealed in mortality rates. No one would now minimize the salutary contribution of electrocardiographic monitoring to the care of the patient with acute myocardial infarction. Such monitoring has documented the alarming frequency with which arrhythmias occur and has often alerted the staff to carry out lifesaving procedures promptly which would have been ineffective or less effective, if delayed for only a few moments. At the time of the introduction of the coronary care unit, there were some who believed that a system of electrocardiographic monitoring with an alarm signal could suffice, even if isolated at the bedside of patients and it was not necessary to concentrate the patients in a special care area, provided that there was a plethora of nurses and residents on the ward.

It has seemed to have been the universal experience that the most important person in the 24-hour care of the patient with acute myocardial infarction is the nurse who has been trained to recognize threatening catastrophes and who is able to initiate proper therapy. The adequate supervision of coronary care units requires dedicated vigilance; otherwise the electrocardiographic monitoring equipment and playbacks may not be utilized to their maximal advantage.

Dr. Hubner and his associates report that routine cardiac monitoring in the management of acute myocardial infarction outside a coronary care unit gives minimal aid to therapy, in that cardiac monitoring with ECG oscilloscopes, in the general medical ward, apparently did not decrease the mortality rate as compared with therapy in the same type of ward and hospital without monitoring. Their summary states, "A mortality of 25% for acute myocardial infarction was the same for a hospital without a coronary unit where monitoring was routinely performed and for two neighbouring hospitals which did not routinely use monitoring during the period of analysis." The authors point out that monitors do stimulate interest in the detection of arrhythmias. Thus, monitors are useful, but their limited contribution to modification of mortality rate is emphasized. The authors believe that the important factor in the decrease of mortality rate in coronary care units is related to the almost continuous observation of the patient and monitoring by trained personnel.

The need to sponsor continuing training programs for nurses and paramedical personnel is underscored. These are the people who make the remarkable practical contribution and who become invaluable in any coronary care setting.

H.B.B.
Minuscule Review


This report concerns a 72-year-old woman with a long history of epilepsy, in whom frequent seizures progressing to status epilepticus occurred following the implantation of an electric pacemaker for heart block. The initiating cause was believed to be centripetal sensory stimuli in the phrenic nerve; this nerve being stimulated as a by-product of the cardiac pacing. The epileptic state abated after crushing of the phrenic nerve, but 6 months later the seizures recurred together with the abdominal twitchings. The “jumpy” sensation in her abdomen was related to position and she could abort an epileptic seizure by assuming certain postures. Her attacks were again alleviated by a surgical division of the left phrenic nerve. The case is believed unique, being the first reported instance of a pacemaker-induced sensory-precipitated epilepsy.

H.B.B.
Minuscule Review


The choice of an elderly patient with mitral insufficiency for the clinicopathologic conference, following the traditional protocol at the Massachusetts General Hospital, highlights the continued interest of physicians and surgeons in mitral insufficiency associated with disease of the left ventricle, particularly that related to coronary disease, often developing in middle age or later. The problem of assessing the relative contribution to heart failure of the mitral regurgitation and the myocardial disease in such cases is clearly portrayed by the case presentation and its discussion by knowledgeable participants. It may be noted, however, that the diagnostic cliché of “papillary muscle dysfunction” has been further perpetuated by both clinician and pathologist. There is no clarification of the role that the diseased papillary muscle, available to the pathologist as a surgical specimen, actually played in the disease state. While the term “papillary muscle dysfunction or syndrome” has been a laudable catalyst to the discussions on mitral insufficiency occurring with various types of left ventricular disease, the term may have outlived its scientific usefulness. In the specific case under discussion the dividends from an aggressive surgical approach to mitral regurgitation when associated with intractable heart failure have been exemplified.

H.B.B.


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**Tortured Logic**

The people who bind themselves to systems are those who are unable to encompass the whole truth and try to catch it by the tail: a system is like the tail of truth, but truth is like a lizard, it leaves its tail in your fingers and runs away, knowing full well that it will grow a new one in a twinkling.—HENRI TROYAT: *Tolstoy* (translated from the French by Nancy Amphoux). New York, Doubleday, 1967.
Early American Assessment of Digitalis

There has been much inquiry into the manner in which foxglove acts in curing dropsies. It has been supposed to exert a specific action on the kidneys as a diuretic; but I am rather disposed to believe, that it acts only by lessening the action of the arterial system by a sedative quality which appears to reside in it. . . .

. . . There are different opinions concerning the efficacy of this medicine in dropsies. From the cases related by Dr. Withering, it appears to have done good; but from those related by Dr. Lettsom it seems to have done harm. I suspect the different accounts of those two gentlemen have arisen from their having given it in different states of the system. In dropsies of too much action, I believe it has sometimes been used with success, but in atonic dropsies, I am satisfied that it is not only an useless but a dangerous medicine. I am sorry to add further, that after many trials of this medicine I have failed in most of the cases in which I have given it. I have discharged the water in three instances by it, but the disease returned, and my patients finally died.

. . . Where medicines have once been in use, and afterwards fall into disrepute, as was the case with the Foxglove, I suspect the cases in which they were useful, to have been either few or doubtful, and that the cases in which they had done harm, were so much more numerous and unequivocal, as justly to banish them from the materia medica. —Benjamin Rush: Medical Inquiries and Observations. Philadelphia, T. Dobson, 1797, p. 173.