It is quite evident, from our experience with this patient, that failure to recognize his dextrocardia could have led to incorrect diagnosis of left bundle branch block and myocardial infarction. This error was avoided by observation of the abnormal P wave morphology in limb and chest leads, pointing to the correct diagnosis.

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Closing Capacity vs Closing Volume

To the Editor:

In an article in Chest (64:495-499, 1973), Dr. Buist repeated her claim that closing capacity (specifically, CC/TLC) is "of significantly greater sensitivity" than closing volume (specifically CV/VC) in the early detection of airway obstruction. This claim was supported by her Figure 3, a N2-CV record of a 61-year-old symptomatic smoker, which shows "normal" residual volume (RV) and CV/VC but "abnormal" CC/TLC.

Unfortunately, these designations are not, and cannot, be accurate, and are inconsistent with the graphic record shown. As careful a measurement as the size of the reproduction permits reveals that CV is 37.5 percent of the recorded VC, not 27 percent as indicated. This is an abnormal CV/VC ratio. At an expiratory flow of 0.5 liters/sec, the VC of the CV test is presumed to be ≥ the FVC, which is shown as 5.0 liters. The CV must be ≥ 1.88 liters. With RV of 1.9 liters, this gives a CC/TLC ratio ≥ 55 as shown. A smaller value for CV, such as the 1.35 liters consistent with the indicated CV/VC of 27 percent, could not give a CC/TLC of 55 percent.

CC/TLC is more sensitive than CV/VC because it incorporates the RV, which increases early in the course of obstructive airway disease. No greater information is gained from utilizing CC/TLC than from noting both CV/VC and RV. Since the RV shown is normal, it is unlikely that CV/VC will be normal if CC/TLC is high. It is unfortunate that the mathematic inconsistency in the illustration in question should confuse this point.

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Arterial Hypertension in a Rural African Community

To the Editor:

A preliminary investigation done at a referral hospital that serves a rural unindustrialized community has disclosed that hypertension is prevalent. The projected incidence would be about 7 percent of the population. This estimate does compare well with the figures from other reports. Primary hypertension was present in 92 percent of the 339 arterial hypertension cases analyzed. Secondary causes were nearly all renal, on the basis of either chronic glomerulonephritis or chronic pyelonephritis. A number of common associated factors were evident, particularly obesity and diabetes mellitus without nephropathy. It is noteworthy that there emerged no special features regarding social status, education, or habitat among the many factors that were subjected to scrutiny in relation to essential hypertension. The incidence in the two sexes was about equal, while...