A 53 year old woman has had attacks of paroxysmal supraventricular tachycardia about three to four times a year for the past 15 years. She has been known to be hypertensive (220/110) for the same period of time. During the past eight years the tachycardia is soon accompanied by pain in the chest and in the left arm. Recently she appeared in the office with one of these attacks and electrocardiogram A was recorded. While lead II was being recorded continuously (B) carotid sinus stimulation was applied. Five minutes later record C was obtained.

Interpretation: The RS-T shifts observed during the tachycardia (A) can hardly be attributed entirely to the very rapid rate. Since they were so pro-
ounced and were accompanied by pain in the chest and the left arm it was
decided that they should be followed. Following return to sinus mechanism with
very much reduced ventricular rate it is noted that the RS-T shift in part per-
sisted for some time (B). After five minutes (C) only a very slight shift remains.
It was felt that the persistence of the shift demonstrated here implied that a
degree of subendocardial "injury" similar to that which occurs in many anginal
attacks resulted from the excessive rate. Of course it should be remembered
that occasionally an attack of angina will be responsible for supraventricular
tachycardia.

Incidentally, when the carotid sinus stimulation induced arrest a short period
of ventricular tachycardia occurred (B). This alone is of some interest.

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