

## LETTERS TO THE EDITOR

**Where Does Peripheral Vascular Disease Belong?**

The recent resurgence of interest by cardiologists (henceforth called "cardiovascular specialists" in this communication) in occlusive peripheral arterial disease is refreshing (even if engendered mainly by the development of percutaneous angioplasty and atherectomy techniques for improving pulsatile flow). The frequency with which coronary and peripheral and cerebrovascular disease coexist in our aging population is further justification for an interest by cardiovascular specialists in the extracardiac complications of atherosclerosis.

Indeed, those of us who have had a long-standing interest in peripheral vascular disorders have wished for greater interest in these common problems by our colleagues in cardiovascular medicine.

Our hope is that the current enthusiasm will spill over into other areas of peripheral vascular disease (e.g., uncommon types of occlusive arterial disease, vasospastic disorders, aneurysmal disease, arteritis, venous disease and lymphatic disorder), which rightfully belong to cardiovascular medicine and deserve the diagnostic and therapeutic expertise of cardiovascular specialists.

Appropriate application of newer diagnostic and therapeutic techniques, however, requires a knowledge of the clinical features, pathophysiology and natural history of these disorders. Wouldn't it be great if cardiovascular program directors would include peripheral vascular disease in their curricula to the same extent that recent continuing education programs have done so? Then there would be little doubt where peripheral vascular disease belongs—hallelujah!

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**Clinical Distinctions Between Q Wave and Non-Q Wave Infarction**

The article by Stone et al. (1) presents an example of the most flagrant mis-citation that I can remember. In referring to contributions by Phibbs (2) and me (3) demonstrating the impossibility of reliably distinguishing anatomically transmural from nontransmural infarcts by electrocardiography, they state "... some [Phibbs, Spodick] even suggest that the entire clinical and anatomic distinction between Q wave and non-Q wave infarction is meaningless." If the authors will take the trouble to read these papers, they will find that this is egregiously erroneous. I refer them to the text and to Table 1 of my contribution, which contrasts 12 clinically meaningful factors characteristic of each type of infarct (3).

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**References**

1. Stone PH, Raake DS, Jaffe AS, et al. Prognostic significance of location and type of myocardial infarction. *J Am Coll Cardiol* 1988;1:451-63.

2. Phibbs B. Transmural versus subendocardial myocardial infarction: an electrocardiographic myth. *J Am Coll Cardiol* 1983;1:561-4.

3. Spodick DH. Q-wave infarction versus ST-infarction: non-specificity of electrocardiographic criteria for differentiating transmural and nontransmural lesions. *Am J Cardiol* 1983;51:913-5.

**Reply**

We quoted the editorial of Spodick (his Ref. 3) as an excellent statement of the impossibility of anatomically distinguishing transmural from nontransmural infarcts using electrocardiographic criteria. Spodick is correct that the position of the references in the sentence incorrectly implies that he considers the infarcts clinically indistinguishable as well, although this entire citation correctly reflects the opinion of Phibbs (Spodick's Ref. 2). The correct division of the citations in the sentence quoted by Spodick, therefore, should be:

"... some even suggest that the entire clinical (Phibbs) and anatomic (Phibbs, Spodick) distinction between Q wave and non-Q wave myocardial infarction is meaningless."

We regret the failure of the initial referencing to correctly reflect Spodick's view that there are important clinical differences between the two infarct types. The data from our study are in complete agreement with the clinical characteristics described by Spodick in the text and Table 1 of his editorial.

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**William Likoff and Paul D. White: Greatness and Compassion**

I read with much interest and was greatly touched by the article "William Likoff: In Memoriam" by Segal (1). I, too, was an ardent worshipper of this great cardiologist who influenced my professional career in more ways than one.

In his article, Segal mentioned that "He also particularly treasured a national symposium, New Horizons in Cardiovascular Practice, conducted in his honor by the College in 1973." I had the special privilege and honor of delivering the Second Annual Paul D. White Lecture, Cardiology in the People's Republic of China (2), during that memorable symposium. It was as much of a tribute to White as to Likoff. Both were superb clinicians, great teachers, prolific writers and compassionate men. Never have they been heard to utter an unkind word.

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**References**

1. Segal BL. William Likoff: in memoriam. *J Am Coll Cardiol* 1988;1:207-8.
2. Cheng TO. Second Annual Paul D. White Lecture: Cardiology in the People's Republic of China. In: Russek HI, ed. *New Horizons in Cardiovascular Practice*. Baltimore: University Park Press, 1975:1-27.