are inserted into incompletely occluded arteries the watershed so created at the anastomosis causes stasis during some parts of the cardiac cycle and predisposes to occlusion of the coronary or the graft. If this is so the highest patency rate will be achieved only if the proximal coronary artery is ligated proximal to the anastomosis at the time of operation.

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References


Requests for reprints to Dr. Simon Rees, National Heart Hospital, Westmoreland Street, London W1M 8BA.

Symposium on cardiac pathology
The British Cardiac Society held a Symposium on Cardiac Pathology at the University of Birmingham Medical School on 23 September 1975. The President, J. F. Goodwin, was in the Chair: the Scientific Secretary was E. G. J. Olsen and the Local Secretary was B. L. Pentecost. The following papers were given:

Studies of Coxsackie viruses in heart disease
Eleanor J. Bell
Ruchill Hospital, Glasgow, Scotland

Pulmonary veno-occlusive disease
Bryan Corrin
St Thomas's Hospital Medical School, London

Pathology of ‘floppy’ mitral valve
Michael Davies
St George’s Hospital Medical School, London

Myocardial vasculature in normal and diseased hearts
Geoffrey Farrer-Brown
Middlesex Hospital Medical School, London

Pathological aspects of cardiomyopathies with emphasis on the obliterative group
Eckhardt Olsen
National Heart Hospital, London
Symposium on cardiac pathology

Eleanor J. Bell, Bryan Corrin, Michael Davies, Geoffrey Farrer-Brown and Eckhardt Olsen

Br Heart J 1976 38: 200
doi: 10.1136/hrt.38.2.200

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