- 1 Jones CJH, Song GJ, Gibson DG. An echocardiographic assessment of atrial mechanical behaviour. *Br Heart J* 1991;65:31-6.
- 2 Henein MY, Gibson DG. Abnormal subendocardial function in restrictive left ventricular disease. *Br Heart J* 1994;72:237-42.
- 3 Appleton CP, Hatle LK, Popp RL. Demonstration of restrictive ventricular physiology by Doppler echocardiography. *J Am Col Cardiol* 1988;11:757-68.
- 4 Ng KSK, Gibson DG. Relation of filling pattern to diastolic function in severe left ventricular disease. *Br Heart J* 1990;63:209-14.
- 5 Denef B, Van de Werf F, Geest HD, Kesteloot H. Calibrated apexcardiography and assessment of left ventricular dynamics in man. *Eur J Cardiol* 1976;4(suppl): 143-52.
- 6 Bayes de Luna A, Fort de Ribot R, Trilla E, Julia J, Garcia J, Sadurni J, *et al.* Electrocardiographic and vectorcardiographic study of interatrial conduction disturbances with left atrial retrograde activation. *J Electrocardiol* 1985;18:1-14.
- 7 Chung EK. Atrial dissociation due to unilateral atrial fibrillation. *J Electrocardiol* 1969;2:373-6.
- 8 Chung EK. *Manual of cardiac arrhythmias*. Stoneham, Massachusetts: Yorke Medical Books, 1986:289-92.
- 9 Amram SS, Vagueiro MC, Pimenta A, Machado HB. Persistent atrial standstill with atrial inexcitability. *PACE* 1978;1:80-9.
- 10 Maeda S, Tanaka T, Hayashi T. Familial atrial standstill caused by amyloidosis. *Br Heart J* 1988;59: 498-500.
- 11 Plehn JF, Southworth J, Cornwell III GG. Brief report: atrial systolic failure in primary amyloidosis. *N Engl J Med* 1992;327:1570-3.

IMAGES IN CARDIOLOGY

Infective endocarditis

These are the hands and feet in a patient who presented with a pyrexia and in whom aortic incompetence was noted. The echocardiogram confirmed the diagnosis of endocarditis with a large vegetation on the aortic valve. Blood cultures grew *Staphylococcus aureus*. Multiple Janeway lesions were present on the thenar and hypothenar eminences of the hand, the sole of the foot, the tips of the fingers, and the plantar surfaces of the toes. As seen in cases of acute valve infection some of these lesions were haemorrhagic

M K DAVIES