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PAPERS READ BEFORE THE 29TH SCIENTIFIC MEETING OF THE INTERNATIONAL CARDIOVASCULAR SOCIETY, DALLAS, JUNE 11-13, 1981—PART I

- Then and Now: 1941-81** 1367
W. Andrew Dale, MD, Nashville, Tenn
- Long-term Results of Transluminal Angioplasty of the Iliac and Femoral Arteries** 1377
Richard K. Spence, MD; David B. Freiman, MD; Robert Gatenby, MD; Charles L. Hobbs, MD;
Clyde F. Barker, MD; Henry D. Berkowitz, MD; Brooke Roberts, MD; Gordon McClean, MD;
Juan Oleaga, MD; Ernest J. Ring, MD, Philadelphia
Patency rates up to two years compared favorably to bypass surgery.
- Adjunctive Intraoperative Arterial Dilatation: Simplified Instrumentation Technique** 1391
Thomas J. Fogarty, MD, Palo Alto, Calif; Albert Chin, MS, San Francisco;
Perry M. Shoor, MD; Grace L. Blair, MD; James J. Zimmerman, MD, Palo Alto, Calif
Excellent short-term results following use of a new balloon dilatation catheter are presented.
- Development of an Infection-Resistant Vascular Prosthesis** 1403
Wesley S. Moore, MD, Los Angeles; Milos Chvapil, MD, Tucson, Ariz; George Seiffert, MD, Ken Keown, MA, Los Angeles
Antibiotic bonding with a collagen release system produced graft infection resistance in a dog model.
- Renovascular Hypertension: Anatomic and Renal Function Changes During Drug Therapy** 1408
Richard H. Dean, MD; Robert W. Kieffer, MD; Bruce M. Smith, MD; John A. Oates, MD;
John H. J. Nadeau, MD; John W. Hollifield, MD; William D. DuPont, PhD, Nashville, Tenn
Progressive deterioration of renal function commonly occurred in nonoperated patients with renovascular hypertension.
- Aortorenal Arterial Autografts: Long-term Assessment** 1416
Ronald J. Stoney, MD; Nelson De Luccia, MD; William K. Ehrenfeld, MD; Edwin J. Wylie, MD, San Francisco
Autograft reconstruction of renal arteries had a very high long-term patency rate.
- Heparin-Induced Thrombocytopenia With Thrombosis and Hemorrhage** 1423
Donald Kapsch, MD, Donald Silver, MD, Columbia, Mo
Cessation of heparin administration immediately corrected thrombocytopenia developing during such therapy.
- Reduction of Myocardial Wall Tension During Cold Pressor Stress After Myocardial Revascularization** 1432
Robert J. Ellis, MD; Donald C. Van Dyke, MD; Paul A. Ebert, MD, San Francisco
Increased coronary blood flow after bypass surgery reduces myocardial wall tension during stress.
- Intracorporeal (Abdominal) Left Ventricular Assist Devices or Partial Artificial Hearts:
A Five-Year Clinical Experience** 1441
John C. Norman, MD; J. Michael Duncan, MD; O. Howard Frazier, MD; Grady L. Hallman, MD;
David A. Ott, MD; George J. Reul, MD; Denton A. Cooley, MD, Houston
This experience suggests that the partial artificial heart may represent a viable alternative to a total artificial heart.

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Lazar J. Greenfield, MD; Rodney Peyton, MB, FRCS; Stephen Crute; Robert Barnes, MD, Richmond, Va Caval occlusion occurred in only 5% of patients after insertion of a Greenfield filter.	
Alternatives in the Management of Atherosclerotic Occlusive Disease of Aortic Arch Branches	1457
Robert A. Kozol, MD, Carl E. Bredenberg, MD, Syracuse, NY Operation is advised for disabling arm symptoms or neurological symptoms associated with lesions of the innominate-carotid system.	
Late Objective Assessment of Venous Valve Surgery	1461
Norris D. Johnson, MD; Luis A. Queral, MD; William R. Flinn, MD; James S. T. Yao, MD, PhD; John J. Bergan, MD, Chicago Results of femoral valve reconstruction were disappointing when both major veins and perforating veins were incompetent in the involved limb.	
Valve Competence Following Experimental Venous Valve Autotransplantation	1467
John M. Kroener, MD, Eugene F. Bernstein, MD, PhD, La Jolla, Calif An 86% valve competency rate was demonstrated in an experimental mode of venous valve autotransplantation.	
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David L. Rollins, MD; Victor M. Bernhard, MD; Jonathan B. Towne, MD, Milwaukee A technique of four compartment fasciotomy without fibulectomy is described.	
Abdominal Aortic Aneurysm and Coronary Artery Disease: A Reassessment	1484
O. William Brown, MD; Larry H. Hollier, MD; Peter C. Pairolero, MD; Francis J. Kazmier, MD; Robert A. McCreedy, MD, Rochester, Minn There was a very low incidence of high-risk coronary artery disease in patients with abdominal aortic aneurysms.	

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