

## Open Letter to The Journal:

It was with extreme interest that I read the Fall Journal of Extra-Corporeal Technology. Especially the Presidents message.

I agree that there would be extreme chaos if all members pitched in SIMULTANEOUSLY to make the society a success (and I might add it would be extremely rare). It would be nice if more pitched in intermittently to achieve this goal of unity, however. There should be continuing information pouring out through the Journal and Newsletters to keep members informed of the things being done for AmSECT, if nothing else, to maintain an active interest by all concerned. It is this type of operation which will give an organization the cohesive qualities it needs for recognition and success. I have heard of dissention in the past between kidney and heart people, and further talk of a schism—personally I am for including more related areas; e.g., cardiac catheterization and ICU personnel who operate the intra-aortic balloon pump. These people form a vital function which is closely related to our work, although they are not “extracorporeal pumpers.”

As for the logical steps of continuing education for all AmSECT members, I can only say AMEN. All of us need this vital atmosphere to become more proficient or remain so in our respective duties. Therefore, I would suggest a formation of a Study Manual which could be utilized for those certified technologists, and also those preparing for the pass-fail examination. Hopefully this will someday become a reality. It could serve as an invaluable aid for students and professionals alike. I would like to see a Committee established for the yearly convention arrangements. If certain guide-lines were established, and alternating rotation of committee members (three year overlapping terms) were available, there could be a much smoother and more efficiently adjusted convention, which would allow more time for business. It would also free up the personnel in the convention region for the nitty-gritty they need to do. As it stands now, each convention is something new, and it is difficult to get information and coordinate the data to a successful convention. The best thing which I can say for the establishment of the convention in the present manner is that the AmSECT membership has the opportunity to contribute something (when they have the time to do so) to the organization.

Finally, I would like to see a new directory which not only has the present information, but the name of the hospitals and/or the doctors name and address they work for, because this is something more permanent (people do move and loose out on information for this reason). The telephones would be an aid also.

Thank you for your interest in the time you spent reading this letter.

*Sincerely,*  
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## Anatomy Quiz—Answers

1. FALSE. A left superior vena cava usually drains into the coronary sinus and the coronary sinus drains into the right atrium. Even with the aorta cross clamped, the volume of blood in the right atrium will be increased.
2. FALSE. Except under rare conditions, catheters placed in the venous system stay in the right heart.
3. TRUE. This question is confusing but as stated, the relationship is true. An anatomic right ventricle propells blood into the aorta and an anatomic left ventricle pumps blood into the pulmonary artery. One must distinguish between anatomic and functional in this question.
4. FALSE. The ligamentum arteriosum arises from the ductus arteriosum. The ductus usually closes soon after birth to become the ligamentum arteriosum. It may remain open after birth to produce a significant left to right shunt.
5. TRUE. I.H.S.S. is a hypertrophic condition of the ventricular septum just below the aortic valve. During systole, this hypertrophied muscle causes left outflow tract obstruction. The condition is made worse by Isuprel and this drug is used in the diagnosis of the disease. I.H.S.S. is probably congenital in origin.
6. FALSE. The coronary ostia arise from the sinus of Valsalva.
7. FALSE. The pulmonic valve is a semi-lunar valve without chordae tendeneae of papillary muscle attachment.
8. FALSE. Secundum defects are usually high on the septum and rarely, if ever, involve the valves of the heart. Primum defects frequently are associated with the atrial-ventricular valves.
9. FALSE. Conduction defects are more likely to occur as a result of injury to the Bundle of His or to the A.V. node. The S.A. node is found in the right atrium near its union with the superior vena cava.
10. TRUE. While several variants of Tetralogy have been described, the features listed are the classic characteristics.