As a scholar, Ephraim Donoso was "a walking library," as everybody who had the opportunity to know him was aware. He was extremely knowledgeable and up to date on the various cardiological disciplines. In addition, he had a significant perception about the future. For example, as editor of Circulation, he was the first to publish papers on electrophysiology when this discipline was newly emerging.

As a human being, Ephraim Donoso was immensely supportive when my wife Maria and I moved from Rochester to New York City. This support persisted until the day of his death. Indeed, if I had to remember the few individuals who were the most helpful to us after our move to New York City, Ephraim Donoso would certainly be one of them. Furthermore, from my conversations with a number of his patients whom I saw during his last illness, it became obvious to me that he was indeed a very compassionate person.

I will always keep Dr. Ephraim Donoso in mind with the greatest affection.

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Editor's Note

I join Drs. Prystowsky and Fuster in their tributes to Ephraim Donoso. As an editor I was very much impressed by his taking over, on short notice, the editorship of Circulation after the untimely death of Charles Friedberg, whom he had served as associate editor. His devoted efforts helped to maintain the reputation of Circulation for publishing clinical and laboratory research reports of the highest quality. It was a time when the editors of the two major cardiology journals discussed mutual problems in the same office of the Mount Sinai Medical Center.

SIMON DACK, MD, FACC
Editor-in-Chief
Journal of the American College of Cardiology

Suppression of Exercise-Induced Angina by Magnesium Sulfate in Patients With Variant Angina

I was surprised that a prospective follow-up study was not mentioned in the article by Kugiyama et al. (1). The authors also did not indicate the duration of relief of variant angina by the administration of magnesium sulfate and the dosage required for said relief. Furthermore, it is not clear why the authors labeled their study group as a population rather than a sample, where this "population" came from and how it was entered into the study. This study has great relevance but these points need to be addressed.

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Reference

Reply

A prospective follow-up study on the effect of magnesium in patients with variant angina has not been performed. We only studied the short-term effect of magnesium on the exercise-induced angina due to coronary spasm. Furthermore, it seems to be difficult to maintain the serum magnesium level at the level obtained in the study (about twice the normal value) for a long follow-up period without affecting water-mineral balance. Dr. Knight seems to have misunderstood the protocol of the study. We injected placebo or magnesium before the exercise and examined its effect on exercise-induced angina. We did not inject magnesium during the attack. Finally, we did not select patients for the study. Group 1 consisted of 15 consecutive patients with variant angina and with exercise-induced angina who were admitted to our hospital. Group 2 consisted of 13 patients with stable effort angina. All of these patients showed normal serum levels of the minerals including magnesium, calcium and potassium and they had no other systemic disease such as renal failure and chronic alcoholism. Therefore, we believe that the results obtained from our study can be applied to the population of the patients with variant angina.

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