A 57-year-old woman with coronary heart disease came to the emergency department because of general malaise. Best seen only in leads II, III, and aVF are apparently ectopic (possibly sinus) P waves \( (P^-) \) at approximately 180/min, mostly in a fixed 2:1 ratio to the QRS (Mobitz II AV block). The first three beats, however, may represent Wenckebach (Mobitz I) block with increasing PR on beats 1 and 2 and complete block of the subsequent P \( (P^-) \) wave; this is repeated in beats 8, 9, and 10. The P, as seen in lead V\(_1\) \( (P) \), is wide, consistent with interatrial block, but this cannot be interpreted during an ectopic atrial rhythm. Atrial tachycardia with block is usually a toxic rhythm, frequently due to digitalis excess.