

Literature Briefs

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Briefs were submitted by Drs. John Adriani, Norman Bergman, Peter P. Bosomworth, H. S. Davis, J. E. Eckenhoff, J. H. Hill, Martin Helrich, J. J. Jacoby, F. C. McPartland, S. J. Martin, R. E. Ponath, Alan D. Randall, H. S. Rottenstein, W. Vandermeer. Briefs appearing elsewhere in this issue are part of this column.

LOST VENOUS CATHETERS Insertion of a plastic catheter with a needle guide is becoming popular. Eleven instances are reported in which the catheters were lost into the venous system by shearing or breaking. Properly securing the catheter prevents this. When shearing or breaking occurs and the catheter slips into the vein, immediate pressure on the vein proximally, followed by a tourniquet, may hold the catheter so that it can be removed by local surgery. Removal from the brachial vein was accomplished in three cases. Otherwise, the catheter is carried into the right auricle, and in one instance it entered the pulmonary artery. Five patients died as a direct result of the presence of the catheter and associated infection. Prophylactic exploration of the right auricle and removal of the catheters was done in two cases. It is recommended that this be carried out promptly, or at the onset of any unexplained fever. (Taylor, F. W., and Rutherford, C. E.: *Accidental Loss of Plastic Tube into Venous System*, Arch. Surg. 86: 177 (Feb.) 1963.)

PULMONARY HEMORRHAGE Control of pulmonary hemorrhage may be accomplished by use of an endotracheal tube with two inflatable cuffs. The tube is passed through a tracheostomy wound into the bronchus of the healthy lung, and the distal cuff is inflated. Respiration is carried out through the tube in the bronchus. The second cuff is then inflated, trapping the blood in the trachea, bronchus and affected lung. This produces tamponade, which stops the bleeding, and allows time for

spontaneous hemostasis or for surgical intervention. (Margoles, J. S.: *Balloon Tamponade for Massive Pulmonary Hemorrhage*, Arch. Surg. 86: 393 (Mar.) 1963.)

VENOUS TONE The effects on venous tone of intravenous and intra-arterial infusions of catecholamines, 5-hydroxytryptamine, histamine, and nitrites have been studied in 35 human subjects. Both intravenous and intra-arterial epinephrine causes conspicuous constriction of the veins. The action on the arteries precedes that on the veins by about 10 seconds. Norepinephrine similarly causes venous constriction while isoproterenol causes venous dilatation. 5-Hydroxytryptamine constricted the veins even upon intra-arterial infusion similar to epinephrine. Intra-arterial histamine caused arterial dilatation, followed in a few seconds by venous constriction. Nitrites dilated both arteries and veins. (Sharpey-Schafer, E. P., and Ginsburg, J.: *Humoral Agents and Venous Tone*, Lancet 2: 1337 (Dec. 29) 1962.)

VENTRICULAR FIBRILLATION Induction and maintenance of fibrillation in rabbit hearts perfused with and without glucose were studied. Hearts deprived of glucose were more prone to fibrillate, but the duration of fibrillation was shorter. An inverse relationship existed between duration of glucose-free deprivation prior to induction of fibrillation and duration of electrically induced fibrillation. Induction and maintenance of fibrillation are two distinct phenomena. (Tetreault, L., and Beaulnes, A.: *Role of Glucose in the Initiation and Maintenance of Ventricular Fibrillation*, Canad. J. Biochem. Physiol. 41: 355 (Feb.) 1963.)

CARDIAC ARREST Closed chest cardiac massage should begin as soon as cardiac arrest is diagnosed. At the outset of the treatment,