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Drugs

ARTERIAL INJURIES Thirty-one patients with arterial injuries were treated over a five-year period in one hospital. Of these, 15 had injuries which had occurred in connection with arterial catheterization. Ten had thrombosis which required operation. Presumably this resulted from single small intimal lesions plus compression. In one case the intima was loosened, forming a valve mechanism. In two cases calcified plaques were loosened. Two patients had hematomas which required drainage. The vessels included femoral, popliteal, subclavian, axillary and brachial arteries. A misdiagnosis of spasm delays treatment and may necessitate amputation. If circulation is not restored within a few hours after treatment with sympatholytic drugs or sympathetic block, the artery should be explored. (*Eriksen, H. C., and Sørensen, H. H.: Arterial Injuries, Iatrogenic and Non-iatrogenic, Acta Chir. Scand. 135: 133 (No. 2) 1969.*)

INTRAVASCULAR CATHETERS Clotting was measured on the external surfaces of catheters made of various materials after they had been left in the carotid arteries or jugular veins of dogs. Without heparin protection, surface clotting in significant amounts was found on all catheters, and emboli could easily have been stripped from the surface on withdrawal of the catheter. A small degree of systemic heparinization practically eliminated surface clotting on all catheters. Mild systemic heparinization with a single slow injection soon after such a catheter is inserted in a vessel, with neutralization of the heparin effect by injection of protamine about two minutes before withdrawal of the catheter, is recommended. (*Nejad, M. S., and others: Clotting on the Outer Surfaces of Vascular Catheters, Selected Papers of Carle Clinic and Carle Foundation 22: 8 (July) 1969.*)