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Location of CVP Catheters

To the Editor:—Drs. Burgess, Marino and Peuler¹ are not correct in their claim that the effects of head position on the location of venous catheters had not been previously reported. We published our findings from a randomized trial in 46 patients in 1975.² In contrast to Dr. Burgess and his co-workers, we found that there seemed to be no benefit from turning the patient's head towards the side of insertion. Neck compression provided a quick and simple method for detecting a malpositioned catheter tip in the internal jugular vein, an increase in the recorded pressure of 10 cm H₂O or more being seen when pressure was applied to the root of that side of the neck.

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Topical Anesthesia Lessons Sore Throats from Tubes

To the Editor:—Dr. Menias,¹ in discussing the article by Loeser *et al.*,² speculated that the use of lidocaine, 5 per cent, ointment might have been responsible for the appearance of the sore throats reported in that study. He cites his clinical impression that the use of non-anesthetic lubricants has decreased the incidence of postoperative sore throat in his patients. In 1965, Lund and Daos³ reported data that do not support Dr. Menias' supposition. They examined the incidence of postoperative sore throat in a series of 1,025 patients whose tracheas were intubated during general anesthesia. Patients were assigned to one of five treatment groups in which the endotracheal tubes were coated with: 1) nothing; 2) a heavy viscous base; 3) a heavy base containing lidocaine, 5 per cent; 4) a light foamy base; or 5) a light foamy base with pramoxine, 1 per cent. The incidences of sore throat in groups 2, 4 and 5 were virtually the same as that in the control group (about 22 per cent). Sore throat

was significantly less frequent (6.6 per cent, $P < 0.001$) only in group 3. Available evidence indicates that lidocaine, 5 per cent, ointment decreases, not increases, the incidence of postoperative sore throat.

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