REFERENCES

4. Sheetz MP, Singer SJ: Biological membranes as bilayer couples.

Anesthesiology
47:334, 1977

Location of CVP Catheters

To the Editor:—Drs. Burgess, Marino and Peuler 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 on 46 patients in 1975. 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.

Anesthesiology
47:334, 1977

Topical Anesthesia Lessons Sore Throats from Tubes

To the Editor:—Dr. Menias, in discussing the article by Loeser et al., speculated that the use of lidocaine, 5 per cent, ointment might have been responsible for the appearance of the sore throat 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 Daos 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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REFERENCES


(Accepted for publication August 4, 1977.)