pleural disease when less invasive diagnostic techniques have failed. Thoracoscopy with selective lung deflation has not been associated with any morbidity or mortality in our patients.® Recovery of intrapleural foreign bodies has in the past necessitated thoracotomy. The use of a double-lumen endobronchial tube with selective collapse of the lung allowed for easy recovery of the foreign body via thoracoscopy in this case. Endobronchial intubation is not without potential hazards.® Use of the newer flexible, disposable tubes, however, makes introduction and positioning easier, and there are fewer complications than with the rigid, bulky, red rubber type. For these reasons we believe that recovery of intrathoracic foreign bodies by thoracoscopy should be considered before thoracotomy.

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References

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A Simple Method for Sealing Used Blood Bags

To the Editor:—Anesthesiologists have always been said to be good golfers! Now we have brought the golfing equipment to them in the operating room!!

The Blood Bank's requirement by the Blood Bank Accreditation Agency, The American Association of Blood Banks, is that "a donor sample must be sealed or stoppered and kept for at least seven days following transfusion and, if possible, the blood container should be returned to the Blood Bank and stored for twenty-four hours or more."

All blood bags used here in the operating rooms during a single day's surgical procedures were being saved in a large single plastic container and sent to the Blood Bank for its personnel to recoup a segment for storage. Because of the gross spillage of the blood remaining in the used bags, there was a possible risk of contacting hepatitis, and there was no chance of other investigations on the blood. The technicians were therefore reluctant to dig into the plastic container, thus preventing them from obtaining a sample segment from the used blood bags.

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