for the initial puncture. We use a 20-gauge catheter-over-needle set for the initial puncture, confirm a venous waveform and pressure once the 20-gauge catheter is passed into the vein, and then pass a 0.025 guidewire over which a larger introducer sheath can be passed.4-5 In this manner carotid puncture, if it occurs, is with a small needle which is less likely to result in serious morbidity. 3) The meticulous manner in which Goldfarb and Lebrec recorded their experience suggests that persistence pays off, since in 3% of their patients six "thrusts" were necessary to locate the vein. We have the impression such persistence is associated with more frequent carotid artery puncture although we did not record the exact number of attempts in our series.3

In conclusion, we are impressed with the success of Goldfarb and Lebrec, who have clearly demonstrated that internal jugular vein cannulation may be performed in the presence of severe defects of hemostasis and, in pressing circumstances, may be indicated. However, for most cases involving defects of hemostasis, we suggest that alternate routes be considered. In all cases we urge use of the Seldinger technique to permit initial cannulation with a small, short needle and confirmation of the venous waveform and pressure before proceeding to the larger catheter.

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REFERENCES
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A Simple Solution for Collecting Drainage from a Nasogastric Tube

To the Editor.—The open end of a nasogastric (NG) tube is often a necessary nuisance at the head of the operating table. It may require periodic suction or may drain spontaneously (not infrequently onto the anesthesiologists' scrub clothes or shoes). In the former situation, the application of suction with full vacuum may damage the gastric mucosa. In the latter, the open end of the NG tube must be attached to some sort of container. An empty iv solution plastic bag serves this purpose as well as provides a convenient method of measuring gastric output. The NG tube is connected to the port which normally accepts the iv tubing. The other port used to inject additives into the bag must be cut. Negative pressure may be applied periodically to the system by attaching the port which is left open to the atmosphere to the vacuum system. It is advisable to allow some degree of leak in the connection.

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A Few Observations and Suggestions Regarding the Art of Public Communication

To the Editor.—The continuing necessity to improve my own delivery has made me a keen observer of the art of speaking at meetings. Over the last ten years, I have attended numerous anesthesia symposia and congresses in England, Europe, America, South Africa, and the Far East. One is struck by the propensity of so many speakers