

**Wood Fibers From Disposable Surgical Gowns and Drapes.** *M. J. Dragan* JAMA 21:2297-2298, (May), 1979.

One case is reported of extensive peritoneal adhesions and bowel obstruction which resulted in a patient who had been operated on twice previously for diverticulitis with the use of paper gowns and drapes. In the adhesions that were resected wood fibers were positively identified by scanning electron microscopy. The author feels that shedding from paper drapes was the cause of this problem and feels that the disposable paper drapes are more likely to cause this kind of problem than cotton materials are.—*David L. Collins*

**Laetrile: The Cult of Cyanide. Promoting Poison For Profit.** *V. Herbert*. Am J Clin Nutr 32:1121-1158, 1979.

This impassioned article reviews the chemistry and physiology of laetrile and cyanide; it documents and lack of beneficial effect and cites recent cases of cyanide poisoning due to laetrile. In addition, the author provides some shocking background on Ernst T. Krebs, Jr. and the laetrile industry. This long article is an excellent reference source for the physician desirous of sufficient background to counsel patients regarding the lack of benefit and real hazards of this politically active compound.—*Russell J. Merritt*

**Two Infant Deaths After Inhaling Baby Powder.** *K. Motomatsu, H. Adachi, and T. Uno*. Chest 75:448-450, (April), 1979.

Five and eight month old infants died of progressive pulmonary insufficiency 39 and 15 hr, respectively, after inhaling baby powder. Bronchopulmonary lavage with saline was unsuccessful due to insolubility of the powder in water. The pathophysiology involves obstruction of distal bronchioles, destruction of ciliary action, and drying of the mucous membranes of the airway. The addition of surface active agents to bronchopulmonary lavage fluid may present a method to remove the powder from the airways.—*Randall W Powell*

**V-Loop Bovine Fistula for Hemodialysis.** *R. M. Dickerman and W. J. Fry*. Surgery 85:577-548, (May), 1979.

The authors modify the use of the standard loop bovine fistula in the forearm utilizing brachial artery and antecubital vein. This technique involves dividing the bovine graft in its midportion, suturing either end in the standard fashion below the elbow to the antecubital vein and brachial artery, creating two straight tunnels down the forearm, and then constructing a beveled anastomosis, through a separate incision in the lower forearm, between the two ends of the bovine graft. The advantages of this technique include increased puncture sites along the straight portion of the grafts, the straight tunnels that are quicker and easier to perform and less likely to cause kinks, and that both arterial and venous anastomoses are more easily performed. The disadvantage of a third anastomosis in the graft itself has not, in their hands, proven to be a problem.—*Eugene S. Wiener*

**Internal Vascular Access for Hemodialysis in Children Weighing Less than 15 g.** *H. B. Robinson, J. E. Wenzl, and G. R. Williams*. Surgery 85:525-529, (May), 1979.

The authors describe a technique for hemodialysis in children less than 15 kg who are, therefore, not candidates for the standard techniques. Arterial femoral-popliteal (5 mm Polytetrafluoroethylene) grafts are placed in a subcutaneous position in the thigh. They have used this technique in 5 children and although long-term follow-up is not complete, they report satisfactory function at 18 mo. Initial complications included false aneurysm formation from too superficial placement and too frequent puncture, and thrombosis responding to endarterectomy. The long-term effect on leg growth is not available but since this is an arterial-to-arterial anastomosis, it should be insignificant. This technique should be considered in those very small patients requiring hemodialysis.—*Eugene S. Wiener*

**Percutaneous Cannulation of the Internal Jugular Vein in Infants and Children.** *M. M. Krausz, Y. Berlatzky, A. Ayalon, H. Freund, and M. Schiller*. Surg Gynecol Obstet 148:591-594, (April), 1979.

A technique for percutaneous catheterization of the internal jugular vein in infants and children was used in 206 patients ranging in age from a few hours to 12 yr old. The series included 31 premature infants weighing less than 2500 g and 107 babies weighing less than 4000 g. Five attempts at cannulation failed. Each catheterization procedure required an average of 1.8 needle insertions before the vein was entered. In 129 patients, the first attempt was successful. Sixteen complications related to the procedure occurred early in this experience, seven of which were life threatening. One death was directly attributed to the actual insertion of the catheter with mediastinal extravasation of infusion material. The authors believe that most of the early complications could have been avoided if opaque contrast medium had been injected through the catheter immediately after cannulation, in addition to aspirating the blood and lowering the infusion bottle. There were 22 late complications related to infection and one infant died because of catheter sepsis. To minimize septic complications, the catheter is replaced every 7 days.—*George Holcomb, Jr.*

**A Prospective Evaluation of General Medical Patients During the Course of Hospitalization.** *R. L. Weinsier, E. M. Hunker, C. L. Krumdieck, and C. E. Butterworth, Jr.* Am J Clin Nutr 32:418-426, (February), 1979.

Nutritional assessment was performed on 134 consecutive admissions to a southern university hospital medical service. Patients with both acute and chronic disease were studied, but there were no patients with cancer. A scoring system based on eight nutritional parameters was used to divide the patients into those with and those without a high likelihood of malnutrition (LOM). The parameters used were serum folate, serum vitamin C, triceps skin-fold or weight for height, arm muscle circumference, total leukocyte count, serum albumin, and hematocrit. Patients with extremely low values for one of the above parameters or less severely depleted values for more than 2 of the parameters were placed in the group with a high LOM. On admission to the