FIGURE

We performed 25 IJV cannulations using this set of needles. In all 25 patients, the venipuncture needle reached the IJV in the first attempt without complications. Though our experience with this needle is limited, we suggest that the use of these needles with markings decrease the complications and increase the chances of accurate and safe placement of IJV catheters.

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Bier's first spinal anesthetic and Veress's needle

To the Editor:

Ganapathy stated in his editorial¹ that Bier introduced spinal anesthesia in 1899.¹ Bier *published* six cases in 1899, but he *administered* the first spinal the year before: "On August 16, 1898, at 8:35 a.m., I injected 3 cc of 0.5% solution of cocaine (0.015 g) in the manner I have described [lateral position, Quincke's technique, and fine hollow needle] and waited 20 min. Sensation was lost in the lower half of the body."^{2,3} The patient was a 34-yr-old man with disseminated tuberculosis and an inflamed tuberculous ankle joint.

In the same issue of the Journal, Ishiyama *et al.* wrote that, "A Verres [*sic*] needle was inserted in the right subcostal area."⁴ Janos Veress (not Verres or Verré) was a Hungarian physician who described his needle in 1938.^{5,6} He designed it to prevent damage

to lungs or abdominal organs, either during removal of fluid from the thoracic or peritoneal cavities, or during treatment of pneumothorax. The blunt tipped cannula was connected to a spring, and was slightly longer than the sharply-pointed external needle. The cannula was held back by the skin and other solid tissue during insertion until the tip of the needle penetrated the pleura or peritoneum. The blunt end of the spring-loaded cannula then advanced automatically with, supposedly, no danger to internal organs. Ishiyama *et al.*'s report, and those of gynecologists and surgeons,^{7,8} remind us that this may not be true when the Veress needle is used for insufflation, rather than drainage, of the peritoneal cavity.

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REPLY:

To the Editor:

Introduction of a technique, in my opinion, occurs when the technique is published in a journal of communication. If I were to incorporate the details on spinal anes-