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.

Chandra Kant Pandey MD
Neeta Bose MD
Garima Garg MD
Lucknow, India

Reference

- 1 Khatri VP, Espinosa MH. A safer technique of internal jugular venipuncture: experience with 320 cases. *J Cardiothorac Vasc Anesth* 1994; 8: 663–7.

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.

J. Roger Maltby MB, FRCA, FRCPC
Calgary, Alberta

References

- 1 Ganapathy S. Walking spinals: a myth or reality? *Can J Anesth* 2001; 48: 222–4.
- 2 Bier A. Versuche über Cocainisierung des Rückenmarkes (German). *Deutsche Zeitschrift für Chirurgie* 1899; 51: 361–9.
- 3 Bier AKG. Experiments in cocainization of the spinal cord. In: Faulconer A, Keys TE (Eds.). *Foundations of Anesthesiology* Vol. 2. Springfield: Charles C. Thomas, 1965: 850–7 (Reprinted 1993 by the Wood Library-Museum of Anaesthesiology 520 N Northwest Highway, Park Ridge, IL 60068-2573, USA).
- 4 Ishiyama T, Kazuyuki H, Kashimoto S, Kumazawa T. Pulmonary carbon dioxide embolism during laparoscopic cholecystectomy. *Can J Anesth* 2001; 48: 319–20.
- 5 Veress J. Neues Instrument zur Ausführung von Brust- oder Bauch-punktionen und Pneumothoraxbehandlung (German). *Disch Med Wochenshr* 1938; 41: 1480–1.
- 6 Bridgewater FHG, Mouton WG. Rationale and intended use for the Veress needle: a translation of the original descriptive article. *Surg Laparosc Endosc* 1999; 9: 241–3.
- 7 Endler GC, Moghissi KS. Gastric perforation during pelvic laparoscopy. *Obstet Gynecol* 1976; 47(Suppl.): 40s–2.
- 8 Yerdel MA, Karayalcin K, Koyuncu A, *et al.* Direct trocar insertion versus Veress needle insertion in laparoscopic cholecystectomy. *Am J Surg* 1999; 177: 247–9.

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-

thesia, the sentence should read: "Dr. Bier administered the first spinal anesthetic in 1898".

While I accept the change in detail, I decline the "gender change" implied in Dr. Maltby's letter. Thus it should read: "Ganapathy stated in her/his editorial..."

Sugantha Ganapathy MD FRCPC
London, Ontario

REPLY:

We thank Dr. Maltby for his comments concerning our report "Pulmonary carbon dioxide embolism during laparoscopic cholecystectomy".¹ In many reports, the needle that established pneumoperitoneum for laparoscopic procedure was described as "Verres" needle.^{2,3} We checked on Medline and found that 37 papers are used the word "Verres" in their titles or abstracts. On the other hand, plenty of other papers mentioned the needle as "Veress".^{4,5} Both descriptions may be accepted.

Verres or Veress needle is widely used for insufflation of carbon dioxide to establish a pneumoperitoneum. However, Verres or Veress needle-related several accidents such as bile duct, hepatic, vascular, and gastrointestinal injuries have been reported.^{1,4} Therefore, new trocars have been developed to overcome the disadvantages of the Verres or Veress needle.⁵

Tadahiko Ishiyama MD
Kazuyuki Hanagata MD
Satoshi Kashimoto MD
Teruo Kumazawa MD
Yamanashi, Japan.

References

- 1 *Ishiyama T, Hanagata K, Kashimoto S, Kumazawa T.* Pulmonary carbon dioxide embolism during laparoscopic cholecystectomy. *Can J Anesth* 2001; 48: 319–20.
- 2 *Borgatta L, Gruss L, Barad D, Kaali SG.* Direct trocar insertion vs. Verres needle use for laparoscopic sterilization. *J Reprod Med* 1990; 35: 891–4.
- 3 *Derouin M, Couture P, Boudreault D, Girard D, Gravel D.* Detection of gas embolism by transesophageal echocardiography during laparoscopic cholecystectomy. *Anesth Analg* 1996; 82: 119–24.
- 4 *Lantz PE, Smith JD.* Fatal carbon dioxide embolism complicating attempted laparoscopic cholecystectomy—case report and literature review. *J Forensic Sci* 1994; 39: 1468–80.
- 5 *Bemelman WA, Dunker MS, Busch OR, Den Boer KT, de Wit LT, Gouma DJ.* Efficacy of establishment of pneumoperitoneum with the Veress needle, Hasson trocar, and modified blunt trocar (TrocDoc): a randomized study. *J Laparoendosc Adv Surg Tech A* 2000; 10: 325–30.