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Information Retrieval System

To the Editor:


The problem is broader, however, for an individual user, for he is also faced with the difficulty of efficiently retrieving the data on demand. As Vannevar Bush stated in his often-quoted article, “As We May Think,” in the Atlantic Monthly (176:101, 1945), “A record if it is to be useful to science must be continuously extended, it must be stored and above all it must be consulted.”

Most of us have attempted to solve these problems by saving bound and unbound journals, tearing and filing reprints, and maintaining files of synopses. An infinite variety of personal indexing systems have been created. In most instances, however, the devised systems are relatively ineffective.

Among the possible solutions to the problems of current informational communication are (1) a massive computerized on-line system to which a user might have access by way of a cathode-ray tube, (2) synopsis journals with full articles being available in libraries and from which a photocopy might be obtained on request, and (3) microfiche or microfilm editions.

Several years ago, St. Joseph’s Hospital in Milwaukee developed an information retrieval system (AIDE—Accessible Information for Diagnosis and Evaluation) which is microfiche-based. The system is presently available at each of the 32 nursing stations, as well as the library and X-ray Department.

The system has additionally been used by some individual practitioners in their offices. The AIDE system has a computer-indexed data bank of over 5,000 pages and covers subjects from laboratory procedures to treatment of shock, respiratory failure, and pneumonia.

The entire system can be kept in a small notebook with instructions for use. The microfiche sheets are individually indexed, and an overall system index is also provided so that the data are quickly retrievable. The system is relatively inexpensive. A black-and-white microfiche with 98 pages of material can be reproduced for about 12 cents, and color microfiche sheets may be reproduced for about 60 cents per copy in large numbers. The viewers range between $100 and $250, depending on the model selected. Because the data base is maintained by a computer, updating or editing the microfiche is rapid and efficient.

This system can easily be applied to journal articles or abstracts. This approach would allow efficient (1) publication of the synopses for browsing, (2) publication of the full text for those desiring it, (3) selection of synopses on a given subject over a period of months or years, (4) selection and arrangement of related papers on a historic or any other desired basis, and (5) development of selective dissemination of information (SDI).

Some problems, of course, remain, but these largely involve the psychologic reluctance on the part of some to use microfiche readers. The benefits of easy retrievability, economy, and compactness, however, appear to outweigh these difficulties.

The AIDE system or an equivalent system, therefore, would seem to offer a solution to both the publishing difficulties described by Dr. Soffer and the retrieval difficulties experienced by the user.

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REFERENCE


The Vitatron Pacemaker MIP 400R

To the Editor:

At St. Raphael University Clinic in Leuven, Belgium, 20 Vitatron MIP 400R units were implanted between September 1971 and July 1972.
There were two sudden failures after 24 and 34 months, respectively. In five cases, prophylactic replacement was performed, respectively, after 24, 31, 32, 32, and 42 months (mean 32.2 ± 6.4 months). Correct prediction of imminent battery failure was possible in 13 cases after a mean time of 31.4 ± 4.9 months (range, 24 to 40 months).

Prediction of battery failure was based on changes noted in the final clinic analysis. In all 13 pacemakers, there was a significant increase in impulse interval, with a mean change of +36 msec (SD, 16). In nine cases, there was an important decrease in impulse amplitude, and in ten cases, there was also a significant increase in impulse width. Loss of R-wave sensing as a concomitant finding was present in four cases.

The mean calculated lifetime for all 20 units was 31.4 months (SD, 5.2). When calculated for sudden failures and correct predictions, a lifetime of 31.1 months (SD, 5.0) was obtained.

The risk of sudden failure was 13 percent (2/15, the sum of correct predictions and sudden failures). An 87-percent reliability for a mean lifetime of 31 months seems an acceptable result in comparison to other demand pacemakers with conventional energy sources.

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Catheter Entanglement in Right Atrial Network

To the Editor:

The entanglement of the catheter with an atrial network is a most unusual complication of right atrial catheterization.

Case Report

A 61-year-old woman suspected of having pulmonary emboli underwent pulmonary angiographic studies using a No. 7 French catheter (NHI) inserted through a right antecubital vein. The catheter could not be advanced to the pulmonary artery from the right atrium, and it was removed. Mild resistance to withdrawal of the catheter from the atrium was initially attributed to spasm of the vein; however, when the catheter was removed, tissue was found to be tightly wound around the tip of the catheter. This material proved to be a filamentous reticulated network composed of fibrous tissue (Fig 1). The procedure was well tolerated by the patient, and there were no changes in her symptoms, physical findings, or electrocardiogram.

Discussion

It appears that the fibrous tissue tangled around the catheter was an example of Chiari’s network. This structure is thought to represent the reticulated remnants of incompletely resorbed venous valves with possible contributions from a persistent atrial septal spurium. Yater describes these right atrial nets as reticular structures connecting to the Eustachian and thebesian valves as well as the atrial septum and crista terminalis. This extensive distribution and its filamentous nature are thought to be the major factors contributing to the entanglement with the right atrial catheter.

Chiari’s network is usually not of clinical significance; however, Yater has described patients in whom the network seemed to have been the source of pulmonary emboli and also an instance in which the lungs were protected by the network trapping a venous embolus. The presence of this network in this patient and its subsequent removal did not seem to have significant effect on her well-being.

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Improved Endotracheal Tube for Fiberoptic Bronchoscopy

To the Editor:

I rely heavily on flexible fiberoptic bronchoscopy as a diagnostic and therapeutic tool, having per-