distal part of which is also relatively noncompliant compared with a polyvinyl chloride endotracheal tube. We suggest that this tip be rounded or smoothed by the manufacturer in the production process. We do not recommend that the anesthesiologist cut the tube prior to its use; though it may produce the desired effect, the cutting will most likely damage the reflective coating and compromise the sterility of the tube.

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In reply:—Xomed has manufactured and sold thousands of the Laser-Shield™ laser-resistant tubes to hospitals. In the entire time that we have manufactured these tubes, we have received very few comments regarding the tip of the tube.

We did recognize the fact that the tube was somewhat more pointed than our standard silicone endotracheal tubes and decided to change our manufacturing process. We currently do not coat the distal end of the tube up to the inflation balloon (fig. 1). This improvement now provides an all-siliconeatraumatic tip. We feel that this modification will alleviate concerns regarding trauma during intubation.

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Multiorificed CVP Catheters and J-Wires: A Word of Caution

To the Editor:—The use of multiorificed central venous catheters for optimal air aspiration in patients at risk for air embolism is becoming increasingly popular.¹ We wish to call attention to a possible hazard associated with the unintended misuse of the Bunegin-Albin Air Aspiration CVP Set® (Cook Inc., P.O. Box 489, Bloomington, IN 47402). This set consists of a 5.8 F 60-cm (for antecubital veins) or 40-cm (for jugular and subclai-