

through the assistance of the subject adaptor, will mislead the DINAMAP™ Monitor into thinking that it is monitoring a patient much smaller than is actually the case.

Since preset default alarm limits, as well as pump-up pressure and internal algorithms, are altered between the neonatal and adult/pediatric modes, it is incorrect to assume that a DINAMAP™ Monitor will function accurately under these circumstances. Therefore, Critikon, Inc., does not support the use of the adaptor described in this article.

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Another Use for the Fiberoptic Bronchoscope

To the Editor:—The fiberoptic bronchoscope is a notable advance in the management of difficult intubations. On occasion, because of anatomic derangement or excessive blood and secretions, the glottic inlet cannot be visualized. I have found that the fiberoptic scope can be used as a light-wand stylet to intubate the trachea on these occasions. When the room lights are dimmed, the scope can be advanced blindly while the course of the light is followed. When the bronchoscope enters the trachea, there is a characteristic brightening of the light as is seen with use of the light-wand stylet manufactured for this purpose.¹ The extremely bright light of the bronchoscope makes it visible in some situations where use of the light-wand stylet is difficult (dark complexion, scarred neck). The bronchoscope also allows for manip-

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PEEP Antidiuresis: An Alternative Hypothesis

To the Editor:—Recently, Payen *et al.* reported that ADH was not involved in the well-known antidiuretic effect of PEEP.¹ Among the several mechanisms discussed in his excellent paper which could account for this antidiuretic effect, atrial natriuretic factor (ANF) was not mentioned.

It is conceivable that ANF could participate in the antidiuretic effect of PEEP. In fact, the increase of intrathoracic extracardiac pressure secondary to the application of PEEP tends to decrease the transmural pressures in the cavities of the heart, resulting in a reduction of cardiac size. At the atrial level, such reduction of size should result in a decrease of ANF secretion,

ulation of the tip, which is not possible with the rigid stylet.

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REFERENCE

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due to the diminished activity of the atrial stretch receptors. Such decrease of ANF would, in turn, result in antidiuresis.

The authors controlled the circulating blood volume as constant. However, they reported an increase in vena caval pressure, which suggests that there was redistribution of blood volume; it is likely, therefore, that the cardiac volume was indeed reduced, in spite of constant total blood volume. It would be of interest to measure the plasma concentration of ANF in patients before and after the application of PEEP; conversely, it would be interesting to observe if the antidiuretic response to PEEP could be prevented by maintaining constant the