on an instrumental shortcoming, possibly involving errors in wavelengths, cuvette design, light detection, computational matrix, or electronic circuitry. It should be emphasized that this appears to be an inherent, systematic error which reproduces very well and, while a nuisance, is not a serious deterrent to the use of the instrument. In our experience, this instrumental error is reproduced with less variance than occurs in the random errors of the Van Slyke procedure required for its detection and quantitation.

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Surgery

"SCALP-VEIN" INFECTION Intravenous indwelling scalp-vein needles from a group of patients with neoplastic disease were cultured. Twenty-four of the 74 needle cultures were positive; microorganisms generally considered pathogenic grew from the material on seven of these needles. The latter organisms included *Staphylococcus aureus, Pseudomonas aeruginosa, Candida albicans,* α-hemolytic streptococcus, and group D streptococcus. Infected scalp-vein needles were the bacteriologic sources of septicemia in one patient and cellulitis in another. There was a trend toward increasing incidence of growth with increasing duration of needle placement. (*Lowenbraum, S., and others: Infection from Intravenous "Scalp-Vein" Needles in a Susceptible Population, J.A.M.A. 212: 451 (April) 1970.*)

CANDIDA SEPSIS Five of 22 surgical patients being treated with parenteral nutrition developed *Candida albicans* septicemia. Two died of the infection. In all of these patients factors known to predispose to or promote *Candida* sepsis could be demonstrated. Failure of weight gain in an infant, fever otherwise unexplained, or the known presence of *Candida* infection elsewhere should alert the physician to the possibility of *Candida* septicemia. Regular periodic blood cultures may reveal organisms in the mildly symptomatic patient and facilitate early diagnosis. Treatment is removal of the central venous catheter. Amphotericin B therapy may also be required in severe cases. (*Ashcraft, K. W., and Leape, L. L.: Candida Sepsis Complicating Parenteral Feeding, J.A.M.A. 212: 454 (April) 1970.*)

PARENTERAL NUTRITION The concept of an artificial gut system which can provide prolonged nutrition to patients incapable of enteric feeding is described. Concentrated nutrients are safely introduced into the circulation via an arteriovenous shunt, and delivered by either a day-mode (portable pump) or night-mode (gravity feed) delivery system. The system has been designed to be operated by the patient in his own home, and may prove effective in maintaining the health of patients who have chronic bowel diseases. (*Scribner, B. H., and others: Long-term Total Parenteral Nutrition: The Concept of an Artificial Gut, J.A.M.A. 212: 457 (April) 1970.*)