是否由於電能源發電量的不足，而考慮換發電機的電能源，如果是發電機和電極接觸不良，則要調整接頭或換電極，如果是電極先尖缺損，則要更換電極，如果用X光或心內心電圖發現電極的位置不適當，則要改變電極的位置；如果是由於藥物、食物、睡眠不足，或電極先端電阻力增加而引起的心律調整感應閾值增加，則可由增加電能源的電流的mA數增加而獲得改善。

根據作者的研究及美國心臟學會（American Heart Association）的發表，現代心原性休克所引起的死亡率顯示出，這十年來，由於人工心肺機器（Artificial Heart Lung Machine），大動脈內氣球灌（Intra aortic Balloon Pumping），人工心臟（Artificial Heart），協助循環（Assistant Circulation）等器械的廣泛應用，使得由心肌無力（Power failure）所引起的死亡率大爲減少，但是由於不整脈，房室傳導阻碍所引起的死亡率却沒有多大的變化，因此作者認爲當前二十世紀七十年代的胸心、血管外科學教室，應該拿心律調整裝置（Cardiac pacing）列爲臨床，研究和教學上主要的課題之一，以求發揮高度的醫療水準，貢獻所學，爲人類造福。

<參考資料>


① Comprehensive Cardiac care. K. Andreoci, 2nd Edition, Mosby New York 1976.

② A Commonsense Approach to Coronary care. M.Vinsant. 2nd Ed. Mosby New York. 1976.


# Treatment of Anaerobic Pulmonary Infections

## *Carbenicillin Compared to Clindamycin and Gentamicin*

醫學系第二屆 **黃重德**

松濤學弟：

很高興接到來鴻。數月前曾發表一篇文章於CHEST The Journal of circulation, Respiration and related systems (Medical Journal) 隨信附寄一份Copy 給你，這篇祇是臨床的研究報告，並不是很特殊的學術性文章。假如符合綠杏的旨趣，要登載出來的話，只要最初十一段的Summary就夠了，假如沒有必要，不登的話，我絕對不介意。

最近忙於Research，假如一切順利，將於半年或一年內發表較具學術性價值的文章。

祝學安！

黃重德 9/16/76


**Twenty-three patients with anaerobic infections of the lung were treated with either two antibiotics, clindamycin and gentamicin (11 patients) or with a single antibiotic carbenicillin (12 patients). Cultures were obtained prior to therapy, either by transtracheal needle aspiration (17 patients) or thoracocentesis (six patients). Anaerobic bacteria were found in all. Fifteen patients had aerobic and facultative bacteria in addition. The anaerobic isolates were peptostreptococci (12), peptococci (12), Bacteroides organisms (eight), clostridia (three), actinomycetes (two) eubacteria (one), and fusobacteria (one). Aerobes included streptococci (nine), enterococci (seven), Neisseria organisms (two), Klebsiella organisms (one), Citrobacter organisms (one), Pseudomonas organisms (one), *Mycobacterium tuberculosis* (two), and Nocardia (one). The two patients with pulmonary tuberculosis with anaerobic and superinfection received antituberculosis chemotherapy in addition. Therapeutic response was considered excellent in both groups. This suggests that carbenicillin may be used as a single antibiotic in the treatment of anaerobic and mixed infections of the lung.**