required an infusion of dilute plasma later." Bibliography—18 references.

J. C. M. C.

LUNDY, J. S., and SELDON, T. H.: *Devised to Prevent Gas Mix-ups.* Mod. Hosp. **55**: 96 (Sept.) 1940.

"In order to eliminate the danger of attaching a tank of gas, such as carbon dioxide, to the yoke reserved for one of the anesthetic gases or oxygen, a special arrangement has been used for several years at the Mayo Clinic. The strainer nipple in the oxygen yoke of each gas machine has been enlarged, and the port in the valve of the oxygen cylinder, into which the strainer nipple is placed, has been correspondingly enlarged. The air-tight fit is accomplished by forcing the face of the valve up against the lead washer, which is held in place by the strainer nipple against the face of the yoke. This arrangement allows the oxygen cylinder to be used on any hanger yoke but, in the gas machines at the clinic, effectively precludes the placing of a cylinder of nitrous oxide or other anesthetic gas on the oxygen side of the machine with the possibility of resulting disaster. The cylinders for oxygen are built so that they are still adaptable to other types of oxygen yokes and can be used if they are sent to some institution that does not have this especially arranged yoke.

"The arrangement of the carbon dioxide yoke has been changed by removing the strainer nipple from the yoke and inserting it into the port in the valve of the cylinder of carbon dioxide. Just as there is a lead washer on the oxygen cylinder and yoke, so we have a lead washer to make an air-tight fit when the face of the valve is forced against the lead washer and yoke. This device makes it impossible to hang any cylinder in the carbon dioxide yoke except one in which the nipple is inserted into the face of its valve and also makes it impossible to hang a cylinder of carbon dioxide on any but the carbon dioxide yoke of the gas machine. . . .

"It is not our practice to keep the cylinders of gases that are used only occasionally in their yokes on the anesthetic gas machines. When a special agent, such as cyclopropane, is specifically indicated, the cylinder containing it is attached just before it is used."

J. C. M. C.

KENNEDY, F. J., AND BURFORD, G. E.: *Sudden Cardiac Arrest Under Anesthesia.* New York State J. Med. **40**: 1667–1669 (Nov. 15) 1940.

"A well-developed white man, aged 33, was admitted for right inguinal herniorrhaphy. . . . The patient was a severe chronic alcoholic. . . . He was apprehensive about an operation. Morphine sulfate grain ¼ and hyoscine hydrobromide grain $\frac{1}{150}$ were given one and one-half hours before the induction of anesthesia with satisfactory sedative effect, though he was still awake on coming to the operating room. Blood pressure taken then was 98/64. Anesthesia was started with nitrous oxide and ether at 10:25 a.m. and produced excitement immediately. This subsided shortly, but a prolonged second stage could not be avoided. The incision was made at 10:45 a.m. Up to within two minutes of that time the patient had moved his legs. One-half ounce of ether had been used. The color was good, but periods of cyanosis had previously occurred. . . . About two and one-half minutes after the incision was made, the pulse and respiration ceased almost simultaneously. The color, which had been satisfactory, changed to ashen gray in his face. A mottled cyanosis soon appeared, particularly on chest and arms. The cornea was dry and lusterless, with pupils three-quarters dilated. Artificial respiration with oxygen was