

paint the copper piping which is carried in underground conduits from our oxygen source to the hospital and through the walls of the hospital to the various outlets. Since this pipe is permanently attached to outlets which are only used for oxygen, what difference does it make what color the piping may be, or whether it is painted or not? I realize that this was not meant to apply to such a situation and yet, strictly speaking, it would so apply.

The material in the appendices *A* and *B* will be interesting material, I do not doubt; nevertheless, it does not appeal to me as necessarily a part of Recommended Safe Practice for Operating Rooms. At least, I am not in a position to subscribe to it as a part of such recommendations at the present time.

In other words, I am just about the sort of help to the subcommittee on gases of the National Fire Protection Association that I feared I would be when we talked about it last fall. The problems which this subcommittee is trying to solve are, in my estimation, not backed by sufficient positive knowledge to warrant positive final statements at this time. Why

not leave the whole matter alone until we are in a position to make positive statements? In other words, maintain the status quo until there is a good recommendation for every change required. Historically, the places that have constantly jumped at every new suggestion of a protective factor and which have introduced every new suggestion, have been exactly the places that have had the most accidents. Why complicate an already complicated situation until we are dead sure what we are recommending?

Finally, then, it is my earnest plea that this subcommittee make no report at this time, stay in existence for periodic discussions and agree among themselves to make no report for publication until at least two years from this time.

Regretting the necessity for writing such an unsatisfactory letter, and with kind personal regards to you, I am,

Sincerely,

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APPARATUS

PREPARATION OF PENTOTHAL SODIUM IN BULK

For hospitals where pentothal sodium is used in large quantities a simple apparatus for its preparation consists of a 400 cubic centimeter graduated Pyrex glass bottle; a rubber stopper with central hole; a ten-inch needle, 15 gage, of the Fordyce type with Luer-Lok, and a glass cap which fits snugly over the needle on the rubber stopper. (See illus. p. 94.)

In preparing a solution of pentothal sodium in 5 per cent concentration the contents of a 10 gram ampule are emptied into the bottle, and 200 cc. of distilled water is added, or if a solution in two and a half concentration is desired, 400 cc. of water is added. The solution is agitated gently for a half minute, the rubber stopper is placed on the bottle, the long needle is placed in the bottle through

the hole in the stopper, and the glass cap is fitted on the stopper, keeping the needle sterile. The preparation of the solution is carried out under sterile technic.

Syringes may be loaded when desired simply by lifting off the glass cap and attaching the syringe to the needle while holding the flange of the needle. A simple glass tube may be utilized to cover the needle of the loaded syringe while it is kept in a folded sterile towel before administration of the pentothal sodium. A syringe filled with pentothal sodium, prepared as described above, may be kept safely for twenty-four hours before being used.

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