started without result. This stage might have lasted between 1 and 2 minutes. Then suddenly the fingernails blanched, the pulse, which up to then had been full and slow at 60 per minute (normal rate 66–70) and apparently regular, become impalpable, and the face became greyish. While nikethamide was being prepared for injection, the heart region was slapped with a cold wet towel. After this slapping had been done twice the heart restarted, the colour improved, and the pulse became palpable and returned to its normal rate within a few seconds. Oxygen was administered by rhythmical compression of the bag and the patient's normal colour was restored immediately. Nikethamide was not required. Oxygen was continued for another five minutes. Recovery of consciousness was slightly retarded. There was a little retching, but no actual vomiting, and the patient was fully awake and dressed 20 minutes after all this had happened. He was kept in and observed for several hours and seen on frequent return visits. There were no after effects except for a slight headache within the first hour. . . .

"A child of 1½ years, coming to operation for inguinal hernia, premedicated with gr. 1½ of phenobarbitone and gr. 1/100 of atropine, was anaesthetised with nitrous oxide, oxygen and trilene, on the closed-circuit $CO_2$-absorption unit. A rash appeared during induction, which was so unusual that I sent a messenger to the ward to ask the nurse if any rash was observed when she was washing the patient; she had seen none. The spots were scattered on the abdomen and chest and fairly symmetrical on the front of both thighs. There was no tendency for the spots to run together, as in an ether rash, except slightly on the thighs. It was maculopapular in type, slightly raised, and did not disappear on pressure; the colour was brighter than that of an ether rash. On deepening the anaesthesia the rash disappeared gradually."

J. C. M. (

MUSHIN, W. W.: *A New Circle Type Carbon Dioxide Absorber*. Brit. J. Anaesth. **18**: 97–111 (Jan.) 1943.

"Over two years ago Messrs. Coxeter and Son Ltd. showed me an experimental model of a carbon dioxide absorber with ether vaporiser, possessing some interesting features, which were capable of improvement from the anaesthetist's point of view. As a result of our discussion certain essential requirements and other desirable, if not essential, features were agreed. In due course a new design based on this specification was produced and laboratory tests on an experimental model were made. These results were so encouraging that a clinical trial was made which confirmed in use the laboratory results." 2 references.

J. C. M. (

AYRE, PHILIP: *The Anaesthetic Record*. Brit. J. Anaesth. **18**: 180–184 (July) 1943.

"The present anaesthetic record and operation chart has been designed with strict regard to practical considerations, and represents an attempt to provide the maximum of essential information concerning the patient with the minimum of clerical labour: it is intended for routine use in hospital, including maxillo-facial, thoracic, neurosurgical and other 'special' clinics. It is compact (9½ inches by 8 inches) and contains sections for recording the pre-operative condition of the patient, anaesthetic agents and technique, a four-hour operation chart and a space for 'recording post-operative progress' . . . When filling in the anaesthetic record, it should be remembered that it is not the duty of the anaesthetist to make a complete clinical record of the

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