

The oxidant was unavoidable if the porous bronze disc was to be cleaned thoroughly. It is contrary to good practice to use any gas other than oxygen in the oxygen circuits of an anesthesia machine, and some gas must be used to empty the cleaning fluid from the space below the sintered disc. Thus, this contribution to the explosion cannot be avoided.

A way of avoiding repetition of this incident is to use a nonexplosive cleaning agent. Carbon tetrachloride and trilene are cheap, effective solvents but must be removed metic-

ulously before the kettle is used because of danger of hepatotoxicity. An alternative, which we will employ in the future, is to clean the machine in the operating room, where effective ventilation dilutes the vapor, and traditional precautions to avoid sparks and flames are enforced.

THEODORE C. SMITH, M.D.  
Assistant Professor  
Department of Anesthesia  
University of Pennsylvania  
Philadelphia, Pennsylvania

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### Drugs

**ANALEPTICS** To be potentially useful, analeptics must be capable of producing the desired response in most, if not all, patients selected without producing undue side effects. In the past, analeptics have been advocated as a) arousal agents; b) semi-arousal agents (restoring severely depressed patients to a safe state of only moderate depression); and c) respiratory stimulants. In none of these three categories do the analeptics satisfy the criteria of reliability and safety. It would seem that there is little, if any, place for analeptics in clinical medicine. (*Mark, L. C.: Analeptics: Changing Concepts, Declining Status, Amer. J. Med. Sci. 254: 296 (Sept.) 1967.*)

**HALOTHANE AND THE LIVER** Whether halothane can evoke liver damage has not yet been settled. In particular, the question of how halothane affects a diseased or predamaged liver has not been answered. To explore this problem, the allyl alcohol test, which allows quantitative evaluation of liver damage, was utilized. In studies of rats it was found that halothane definitely can evoke hepatotoxicity, but only in the predamaged liver. It was not necessary to expose such a liver more than once to halothane to cause parenchymatous lesions and jaundice. Halothane increased the degree of allyl alcohol damage by 100 per cent. Methoxyflurane also increased allyl alcohol damage to the liver significantly. Ether anesthesia, however, had no effect on normal or predamaged liver. (*Eger, W., and Nassr-Esfahani, H.: Halothane Damage of the Rat Liver as Compared to Methoxyflurane and Ether Narcosis, Klin. Wschr. 45: 889 (Sept.) 1967.*)