index of recovery than the subjective feelings of the patient. The test described in this study is a considerable simplification of the test used by Vickers (1965), who used a 48-hole peg-board. Furthermore, Carson and his colleagues have provided no data to establish that this single simple test provides evidence of "time to full recovery". Even their end-point for this single facet of integrated mental activity is unconvincing. Repeated attempts at tests similar to this one lead to improved performance (Vickers, 1965), so that once the patient has fully recovered, the final score should be better than the preinduction score. No allowance for a "learning effect" has been made in this study.

It seems likely that no one test can demonstrate accurately that the patient is no longer under the influence of a drug and therefore safe to leave the care of medical and nursing staff. It is also apparent that the more sophisticated the test the longer the measured recovery time (Egbert, 1959; Green and Long, 1963; Hannington-Kiff, 1972). If a patient can complete a simplified peg-board test some 8 min after methohexitone and some 15 min after Althesin, it suggests that the degree of recovery is better following methohexitone at this time. Such results cannot be used to infer that full recovery has occurred. This may be delayed considerably and there is evidence which suggests that full recovery is longer following barbiturate anaesthesia than after steroid anaesthesia (Dubois and Geddes, 1974).

MICHAEL DUBOIS
T. M. SAVEGE
London

REFERENCES


OXYGEN SUPPLY HAZARD

Sir,—We should like to report the following hazard using anaesthetic equipment mounted on an extensible arm.

When the rotameter block was rotated to face the anaesthetist, the oxygen supply was cut off. Investigation showed the rubber supply line to have been compressed (fig. 1). Appropriate action is being taken to remedy the situation.

J. A. LACK
M. HONAN
Salisbury