inches deep, and both have hinged lids.

The arrangement of the panel is a personal matter and probably no two anesthesiologists would design identical panels. The sphygmomanometer and the water manometer might well be included. Another possibility is an ampule rack for the more frequently used drugs.

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CART WITH NONDETACHABLE RESTRAINT STRAP

This cart is made by taking the ordinary hospital operating room cart and having the hospital engineer cut a rectangular hole ½ inch by 2½ inches between the ends and on each edge of the cart. A belt buckle arrangement is made, as illustrated, and riveted to the cart. The advantages are as follows:

1. The belts are never lost, used for other purposes, or left in the patient's room.

2. Heavily medicated patients are reminded the guerney is narrow and are mildly restrained on the cart, thus preventing falls and injuries.

3. If the anesthesiologist administers the anesthetic in an anesthetic room he may do so on the cart with some control during the excitement period.

4. Postanesthetic excitement stages which occur when the patient regains his reflexes in the operating room are more easily restrained on the way to the room.

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THE COUGH TEST FOR DETERMINATION OF LEVEL OF SPINAL ANESTHESIA

I have been using the cough as a means of determining the height of abdominal muscle relaxation under spinal anesthesia for the past two years. In the absence of any mention of this test in the literature on spinal anesthesia for which I have searched, I believe this clinical note might be helpful and new to many anesthesiologists. It is the sort of idea, however, which many experienced anesthetists must have discovered for themselves. Therefore, no claim for originality is intended by this report.