

walled rubber or plastic drainage or suction tubing cut in appropriate lengths. (The ship arrived in Indonesia with the only endotracheal tubes included in the personal belongings of the two wonderful nurse anesthetists from New Haven. We couldn't leave a supply of endotracheal tubes at each stop as we would have liked to have done.) With the generous help of an anesthetic equipment firm I have sent \$133.00 worth of tubes and connectors to the medical centers I visited.

I was told that during the rebellion of 1945, which resulted in Indonesian independence, blood filter equipment was completely destroyed. It has never been replaced. As a result, blood is collected in an excess amount of citrate solution to prevent clotting and it is administered without a filter. Because cracked rubber tubing and bottle stoppers with previous multiple needle punctures cannot be cleaned thoroughly, pyrogenic reactions are common. It is not surprising that doctors are afraid to use blood. Storage of blood is limited to five days, thus reducing its availability.

Selection of intravenous solution is very limited even in Djakarta and in the outlying Island of Bali; the only solution available was Ringer's.

Only in Djakarta were there well-trained an-

esthesiologists. Dr. Moch Kelan, who trained in Minnesota, is chief of anesthesia at the Medical School in Djakarta. He has enormous responsibility and inadequate equipment. He has essentially no reference literature in anesthesia in either the medical school or hospital libraries. He has sent me a letter asking for help with the problem of cardiac arrest during spinal anesthesia. He proposes to make a study and a report on these cases, but finds that he is unable, because of lack of books or other literature on the topic, to prepare an acceptable article. He needs, for example, to know the relative vulnerability of the various parts of the brain to anoxia; is there any difference in the nature of brain damage in circumstances (such as arrest during spinal anesthesia) in which there is no hypercarbia; what the electrolyte changes are as a result of cardiac arrest; and what is the reported incidence of arrest with spinal anesthesia for obstetric anesthesia. Will any one who might be interested in corresponding with Dr. Kelan or sending him reprints or reference texts which would be of help to him please do so. Address: Dr. Moch Kelan, Djalan Solo No. 1, Djakarta, Indonesia.

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Corrections

To the Editor.—In my paper entitled "The Use of Toxiferine for the Production of Surgical Relaxation," January–February 1961 issue, an error appeared on page 97, right-hand column, line 9. Instead of "An initial 40 mg./kg. dose," the correct statement should be "An initial 40 μ g./kg. dose."

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To the Editor.—In my article "Arterial Oxygenation During Transition from 100 Per Cent Oxygen to Air Breathing: Polarographic P_{aO_2} Study," appearing in the May–June 1961 issue, figures 3 and 4 were transposed, and thus appear over the wrong legends. Also in the legend for figure 2, P_{aCO_2} should be P_{aO_2} .

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