

the best possible service. As a solution the combination of the principles of both Mapleson A (Lack or Magill) and Mapleson D (Bain) into one simple system would seem advantageous. Such a system has been described recently<sup>8</sup> and is likely to be available in the United States in the near future. The new system is simpler to operate than the Bain, is more versatile, uses low flow at all times, and allows easy scavenging. Hence, the convenience of the Bain system is no longer a valid reason for its continued use for spontaneous respiration.

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## Rebreathing and the Bain Circuit. II.

*To the Editor:*—The original article<sup>1</sup> and subsequent correspondence<sup>2,3</sup> on carbon dioxide tensions in inspired anaesthetic gases prompt me to ask what the presently accepted level of carbon dioxide is in fresh air?

According to my copy of the *Handbook of Chemistry and Physics*,<sup>4</sup> dry atmospheric air contains  $0.033 \pm 0.001\%$  of carbon dioxide by volume. ( $P_{CO_2}$  0.25 mm STPD). However, popular press reports on the "green-house effect" suggest that this level is rising.

It would seem logical to consider any concentration of carbon dioxide in the inhaled atmosphere which is in excess of that in fresh air to be unphysiological, and to constitute a threat to the homeostasis of the patient's *milieu intérieur*.

Is the presently available monitoring equipment as sensitive and as accurate as the human respiratory centre? Would our patients not be safer if we used non-rebreathing techniques to avoid altogether the potential hazard of re-breathing carbon dioxide?

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## A Simplified Method of External Jugular Vein Cannulation

*To the Editor:*—We currently use a simple technique for cannulating the external jugular vein (EJV) for central pressure monitoring that obviates the need for a "skin nick" with a #11 scalpel blade, hence the risk of lacerating the EJV.

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The technique is as follows: the EJV is cannulated with an 18 g or 16 g Medicut® catheter over needle that has a stiff and widely tapering hub on the catheter. Once the vein has been identified, the catheter can be advanced with firm pressure and a slight twisting motion, using the