

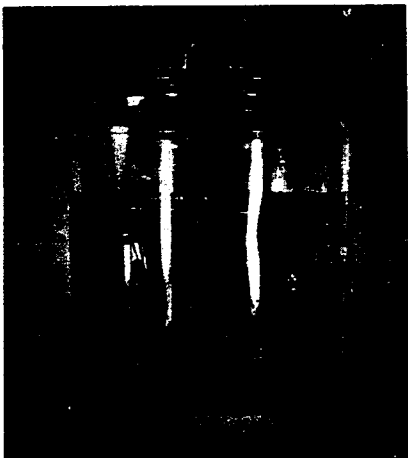
## CONTAINER FOR AMPULES

The problem of keeping ampules beneath the surface of a sterilizing solution is a vexing one.

A container easily assembled from common materials is in use at this hospital,

omitted since the size of the jar may vary depending on what is locally available.

Since the vacuum cup contains an imbedded, internally threaded bushing, it will be necessary to select the bolt to fit.



and has proved quite satisfactory. The materials are:

- 1 Vacuum cup (rubber) from auto top carrier
- 1 Ash tray or metal disc
- 1 Sink stopper (rubber) large
- 1 Brass bolt and nut
- 1 Glass jar with lid

The sizes of the materials have been

The photograph illustrates the method of assembly, and the container in use.

If a thin layer of glycerin is applied to the vacuum cup it will maintain the seal between the cup and the glass lid for an almost indefinite period of time.

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## CORRESPONDENCE

*To the Editor:*

The Crossman and Allen article on refrigeration anesthesia and preservation of tissue in the February 8 issue of the *J. A. M. A.* brought to mind an emergency situation a couple of years ago in which ice probably saved a child's finger.

The child, while playing on a playground slide, had introduced his finger into one of the holes in the metal step at the top of the slide, and was unable to withdraw it. I answered the emergency call, finding him at dusk with the incarcerated finger swollen but still evidently alive. The nurse who

had discovered him had, with rare good sense, wrapped the finger in crushed ice.

Since all attempts at extricating it were futile, the maintenance man was called. He unscrewed the step by flashlight, and step and child with ice still applied were taken to the school dispensary nearby.

The finger appeared swollen and somewhat cyanotic, but in no imminent danger. I decided to risk introducing a small amount of dilute adrenaline subcutaneously in the hope of at least preventing further swelling. (Once, years ago, I had reduced an infant's retracted and enormously swollen foreskin by the use of ice and a surface application of adrenaline.)

The immediate local response to the

adrenaline was alarming. One needed no special training to diagnose impending tissue death. Quickly the crushed ice was reapplied, and within a few minutes the crisis had passed. The end of the story is that adrenaline did not produce sufficient reduction in size for withdrawal, and the step was tediously filed off at the machine shop. The finger was uninjured.

This experience made me wish to pass on the thought that in a case of impending gangrene, where a vasoconstrictor is used in field block of digits, refrigeration should be tried to reduce metabolic activity.

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For the information of anesthesiologists who are contemplating application for certification by the American Board of Anesthesiology, Inc., or who are training physicians for the specialty, the following questions have been employed for Part I (written) examination in the past in *Pharmacology*:

1. Using procaine as a standard of comparison, give the relative intravenous toxicity of the following drugs: cocaine, metycaine, intracaine, larocaine, diothane, nupercaine, pontocaine.
2. List the toxic effects of each of the following:
 

|                            |                 |
|----------------------------|-----------------|
| (a) procaine hydrochloride | (c) metrazol    |
| (b) chloroform             | (d) epinephrine |
3. Give four results of parasympathetic stimulation.
4. What effects do the following drugs and agents have on the size of a spleen of normal structure?
 

|                 |                       |
|-----------------|-----------------------|
| (a) ether       | (e) spinal anesthesia |
| (b) barbiturate | (f) epinephrine       |
| (c) anoxia      | (g) ephedrine         |
| (d) chloroform  | (h) pitressin         |
5. List local (a) anesthetic agent, (b) strength of solution, and (c) technic you would use for the following:
  - (1) Removal of a wart.
  - (2) Spinal anesthesia to last one hour.
  - (3) Spinal anesthesia to last four hours.
  - (4) Anesthesia of pharyngeal mucous membranes.
  - (5) Block of median nerve.
  - (6) Block of sciatic nerve.
6. State signs and symptoms in a child of six (6 yr.) following overdosage with atropine sulfate.