uterine arteries of pregnant dogs, it can subsequently be detected in the foetal circulation, but the same workers (1953b) have not been able to detect it in the cord blood of human infants after heavy curarization (apnoeic doses) of the mothers during labour.

CONCLUSION
The hazards of general anaesthesia for Caesarean section can be reduced by avoiding the use of barbiturates and the prolonged administration of depressant anaesthetic agents, and by utilizing controlled respiration with a cuffed endotracheal tube.

The method described provides safe anaesthesia for the mother and does not depress the infant. In addition it provides good working conditions for the surgeon and enables the operation to be conducted without undue haste.

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REFERENCES

CORRESPONDENCE

THE USE OF DIPHTHONGS
Sirs,—Anaesthetists who write textbooks and papers are developing a conditioned reflex. Sirs, please implant in their higher centres the inhibitory knowledge that “ oe ” does not invariably follow “ pn ”. If you do not, there is worse to come. From hypercapnoea, hypocapnoea and acapnoea, hypoxoea and anoxoea will logically follow. And from these, with other horrors unnamed, asphyxoea, anaemoea, uraemoea, arrhythmoea, dementoea.

HAROLD YOUNGMAN
Cambridge University

INTRA-ARTERIAL THIOPENTONE
Sirs,—When considering methods whereby this tragedy may be avoided, Dr. Forrester and Dr. Saunders (Brit. J. Anaesth., 27, 594) recommend that the site of the proposed injection be carefully palpated to detect any pulsation before the “tourniquet” is applied. This is of paramount importance, even though, as they point out, arterial pulsation may not always be detected.

The strong grip of a keen assistant is a well-known cause of arterial occlusion, but the purpose of this letter is to draw attention to another, admittedly uncommon, situation when arterial pulsation may be absent in part of the forearm.

Before venepuncture it is customary for the arm to be held over the side of the trolley with the elbow fully extended; however, the elbow joint can be hyperextended in a minority of people—usually children—and this is readily done under these circumstances.

This is usually of little significance, but I have observed that if this hyperextension occurs in an arm which also has an abnormal superficial ulnar artery, then the latter may be occluded where it passes over the common flexor origin.

It is therefore advisable to ensure that the elbow joint is not hyperextended when the forearm is examined for arterial pulsation.

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