driven in until it strikes the trachea, it is then withdrawn 0.5 cm and directed in the same direction as the trachea. Figure 3 in the article makes this point easier to follow. It is possible then to have a bicarotid catheter in the one animal.

I am interested to hear that little postoperative respiratory trouble occurs in experimental pigs in England. This is probably related to better husbandry in that country. Most of our pigs are purchased from farms outside our establishment; this means, of course, that we have no control of parasitism, endemic infections, etc. The use of non-volatile anaesthetic becomes more important under these conditions.

S. C. Hopcroft
Woodville, South Australia

SYSTEMIC EFFECTS OF NITROUS OXIDE WHEN USED WITH HALOTHANE AND OXYGEN ANAESTHESIA AT NORMAL BODY TEMPERATURE

Sir,—In the paper by Dr. Maurice Bloch (Brit. J. Anaesth. (1966), 38, 119) the assumption that nitrous oxide has some influence on halothane anaesthesia would be hard to question, but the data he presented are totally unacceptable as evidence for proving this point, in my opinion. The number of variables interspersed among the few patients he used for his observations preclude drawing valid conclusions. If he re-did this study, even with ten patients of a similar age group, same sex, same premedication and induction agents, no relaxants and same maintenance (in a non-rebreathing system) he might be able to prove what he believes to be true.

Allen B. Dobkin
Syracuse, New York

BRITISH JOURNAL OF ANAESTHESIA

THE CHARLES KING COLLECTION OF HISTORICAL ANAESTHETIC APPARATUS

Sir,—The Association of Anaesthetists has done me the honour of appointment as Curator of the Charles King Collection of historical anaesthetic apparatus which Mr. King presented to the Association some years ago, and which now is housed in the Royal College of Surgeons of England, through the courtesy of the President and Council, and of the Curator of Instruments, Sir Eric Riches.

This is a fine basic collection of antique apparatus, supplemented by several beautiful replicas (for instance, John Snow's ether apparatus) made by Charles King himself.

I feel that the time is opportune to ask anaesthetists not to discard any older anaesthetic apparatus without first considering its historical value. The rebuilding of hospitals and removal of anaesthetic departments with clearance of old stores make it likely that much which may be valuable and interesting will come to light, and I would urge senior anaesthetists either to establish their own collections for teaching purposes, or to consider donation of suitable material to supplement the King Collection.

 Needless to say, considerations of display and storage space may make it difficult to accept larger apparatus, but I should be most grateful to hear of any pieces which might be available and which might otherwise be destroyed. Items of any period, even to modern times, would be welcome, even though it might be necessary to store them for some time.

All members of the specialty will have heard with regret of the recent death of Charles A. King, to whom anaesthesia in this country owes a larger debt than many anaesthetists realize. One can only be sorry that he did not live to see his collection housed in the way he intended, but I am sure that with this as a nucleus, and with the help of anaesthetists everywhere, the collection can be increased to become a worthwhile possession of the Association, and a tribute to the memory of the friendly, courteous and gifted gentleman who commenced it.

K. Bryn Thomas
Reading