



FIGURE Syringes stored neatly and safely in a predetermined order.

needle-stick injury. It stores syringes in a set pattern so that emergency drugs are clearly visible and readily available. It can also be used to transport syringes from one anaesthetizing location to another. The device is T-shaped when viewed from above. It is 50 mm tall, 70 mm across the top of the "T," and 270 mm long. Eight vertical holes, each 6 mm in diameter and 40 mm deep, have been

cut in the long axis of the "T." Each hole accepts the lower part of the sheath of an intravenous needle, so that only the wider 10 mm protrude.

Syringes, with the needle and sheath attached, can be stored by inserting the sheath into one of the holes. When a drug is required, the syringe and needle can be removed with one hand, leaving the sheath in place. As the syringe is replaced, the needle is automatically re-sheathed, without risk of a needle-stick injury. At the end of anaesthesia, the used syringes can be removed with their needles and sheaths attached.

The short axis of the "T" not only provides stability, but also identifies the end at which the routine drugs and larger syringe sizes are placed. The other end is reserved for emergency drugs, which are kept in smaller syringes. The holes are identified by colour-coded adhesive labels which are also used to label the syringes. The order: induction agent, succinylcholine, non-depolarising muscle relaxant, narcotic, spare, local anaesthetic, vaso-pressor, atropine, has been most satisfactory.

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Erratum

The authors of the paper entitled "Epidural sufentanil for post-Caesarean section analgesia," *Can. J Anaesth* 1990; 37: 432-7, should have included D. M. Ansley MD FRCPC.