

cap is "clicked" into place, a definite and precise pull is required to disengage it. This is in marked contrast to circuit connectors, which rely solely on friction-fit to maintain contiguity. Friction-fit connectors were developed when metal was their primary component and anything but the simplest machined shapes added much to the difficulty and cost of manufacture. The assortment of plastics employed today (soft, hard, rigid, deformable, single and multiple use), makes the mating between connectors much more variable and, unfortunately, often less reliable. However, their ease and inexpensive manufacture, primarily by injection molding, should allow changes to be made without difficulty.

We wish, therefore, to advocate a change in the manufacture of the standard 15 and 22 mm male/female connectors used in anaesthetic breathing systems. A minor change in the manufacturing molds would produce a small circumferential ridge on the outside end of the male that would "click" over a similar ridge on the inside of the female connector at the limit of insertion. This would supplement, not replace, the friction component and would therefore add a considerable measure of security.

We would be interested to hear opinions from others on this matter, especially those involved in design and manufacture of equipment and the formulation of standards.

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#### REFERENCES

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- 2 *Brahams D.* Two locum anaesthetists convicted of manslaughter. Editorial. *Anaesthesia* 1990; 45: 981-2.
- 3 *Galletly DC, Mushet NN.* Anaesthesia system errors. *Anaesth Intensive Care* 1991; 19: 66-73.

## Correction

To the Editor:

Your readers may have noticed a remarkable similarity between the frequency spectra of Analyzer B and the ECG in the Figure of our previous communication.<sup>1</sup> This is an error, as the Analyzer B alarm spectrum was inadvertently included twice. The ECG alarm is actually a continuous tone of approximately 3250 Hz (about one semitone or one-twelfth of an octave lower than Analyzer B), with a very faint first harmonic. It should be described in Table I as "continuous, high-pitched". The alarm sounds from oxygen analyzer B, the ventilator, and the ECG are almost indistinguishable by the average listener unless heard consecutively.

We apologize for our error, but feel that this provides one more indication of the inadequacy of current alarm design.

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#### REFERENCE

- 1 *Finley GA, Cohen AJ.* Perceived urgency and the anaesthetist: responses to common operating room monitor alarms. *Can J Anaesth* 1991; 38: 958-64.