est" — and for all I know (my history also being shaky) that could well have been a red-hot piece of news. Now, in my postanatomy years I could have continued the conversation just a little further: *"Levator labii superioris alaeque nasi"*, I could have added. But that would probably have left the poor fellow for ever wondering what came next, which smacks of a hellish rather than a heavenly situation and so, one hopes, would have been inappropriate.

Surely those 2 years of anatomy must have been more of a good thing than these musings so far indicate.

Maybe they were. Not too long ago I engaged in a five-round bout with the computer that confronts all those who covet the LMCC and I emerged a victor. Prior to that, to meet certain requirements for registration I had submitted a report from my old university on my status as a medical student. I was surprised and even after all these years just a little gratified to find that I had held a place in the upper half of my class.

Perhaps after all my old professor of anatomy wrought more than I wot.

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Sudden sniffing death

To the editor: In a recent issue of *CMAJ* (114: 671, 1976) Dr. S. Fogel reported a case of "sudden sniffing death" (SSD), in which a young girl died after deliberately inhaling an aerosol frying pan lubricant. He presented the following references supporting the theory that, after deliberate deep inhalation, fluorocarbon aerosol propellants, by a cardiotoxic mechanism, induce cardiac arrhythmia and sudden death. Aviado[1] has demonstrated experimentally in several different species of animal the proarrhythmia effect of fluorocarbons on the heart. Bass[2] has proposed that fluorocarbons in high concentrations act synergistically with endogenous catecholamines to induce cardiac arrhythmia. In reviewing 110 SSD cases Bass[2] noted that sudden deaths due to inhalation of a volatile substance or aerosol product frequently occur following stress or exercise, both of which cause the release of endogenous catecholamines. In all five SSD cases investigated in North Dakota during the past 2 years I have noted that the deceased had been in a situation of heightened sympathetic activity, such as masturbation.

Fogel failed to mention two references that I believe are of particular interest in that they present some clinical evidence of the ability of fluorocarbon aerosol propellants to produce cardiac arrhythmia. First, in an article on research into halogenated-hydrocarbon-induced cardiac arrhythmias at DuPont's Haskell Laboratory, Mullin and colleagues[3] referred to unpublished work by Kehoe, who in 1943 "noted a significant cardiac arrhythmia in a human experimentally exposed to 11% fluorocarbon 12 for 10 minutes." Certainly an individual inhaling the contents of a plastic bag full of an aerosol product would be exposed to an atmospheric concentration of fluorocarbon greater than 11%. Second is a case report by Kamm[4] on the death of a 16-year-old boy who had inhaled the contents of an aerosol spray deodorant. After inhalation the youth collapsed and was rushed to the emergency room of a local hospital, where an electrocardiogram revealed ventricular fibrillation.

Manufacturers of certain aerosol products implicated in numerous SSD cases have questioned the validity of applying animal data to the human situation and have pointed out the danger of a fluorocarbon cardiotoxic theory based on empirical case reports. However, it is worth while to note that many of these manufacturers now have propellants other than fluorocarbons in their products.

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OHIP mystery

To the editor: Recently my secretary was checking on outstanding payments from OHIP for the past few weeks and discovered we had not been paid for quite a few for some time. We were not too alarmed at first because this had happened before and we found out that the payments had been made to my namesake in another part of the province — an inexcusable but not uncommon occurrence in any government-run organization. However, this time, when my secretary phoned the local office — she had by now worked out that the outstanding sum owed to us was over $1000 — she was told that there was no record of us having submitted the OHIP cards. When it was pointed out to the officer in charge that