

before us, that government of the people, by the people, for the people, shall not perish from the earth."

"On behalf of the Royal Society of Medicine, and on my own part, I greatly thank you."

Col. Tovell concluded the proceedings by saying—

"It will give me great pleasure to convey your thanks to the American Society of Anesthetists in their headquarters in New York City."

CORRESPONDENCE

To the Editor of Anesthesiology:

In administering sodium pentothal it has been my practice to employ a commonly-used arrangement consisting of an intravenous needle, glass connector, section of small-bore rubber tubing and a B-D one or two-way metal adapter connected in that order. The one-way adapter is used with sodium pentothal alone, and the two-way when intravenous fluids are given at the same time. Recently I have employed the two-way for the administration of sodium pentothal-curare anesthesia.

I have observed that a precipitate forms immediately when the two solutions make contact. The nature of this precipitate is being investigated now.

Although no untoward effect has been noted during the period of anesthesia or

in the postoperative convalescence in my relatively small series of cases, it would appear important to introduce a note of caution regarding the use of sodium pentothal-curare anesthesia until more is known about the precipitate and its effect.

My suggestion would be either to give the curare intramuscularly or to use a second vein for the curare. The latter method does not rule out a similar combination taking place in the blood stream; however, it does introduce the factor of dilution by the blood.

A survey of the recent literature on curare and pentothal sodium did not reveal any report of this phenomenon.

Yours very truly,

JOHN BRODY, M.D.,
New Haven, Conn.

To the Editor:

May I take this means of correcting a slight, but nevertheless significant, error in Dr. Frank Cole's article on curare which appeared in the January, 1945, issue of ANESTHESIOLOGY. On page 49, in the second paragraph, he states that "muscle will respond neither to injected acetylcholine nor to stimulation of its nerve." This is not exactly true. The muscle will respond, but it takes a larger dose of acetylcholine or acetylcholine acting for a longer time and a greater nerve stimulus than in the non-curarized muscle.

Although it is likely that the patient about whom Dr. Carl S. Hellijas reported (January, 1945) sensitivity to procaine cobefrine solution did have such a sensitivity, he failed to differentiate between the

offending agents, procaine or cobefrine. It would be of some interest to learn if Dr. Hellijas skin tested with procaine alone or with cobefrine alone. All of the anesthetic agents tested were benzoic acid esters, and two of them contained an amino group, the usual offending constituent of the chemical structure of these drugs. In order to avoid possible unfair indictment of procaine, might it not be advisable to exclude the cobefrine as the source of the reaction by testing it alone and in combination with the pontocaine and metyrcaine?

Very truly yours,
STUART C. CULLEN, M.D.,
Ass't Prof. of Surgery (Anes.),
State University of Iowa,
Iowa City, Iowa.

To the Editor:

A white female, 28 years of age, was to have a left pneumonectomy for tubercu-

losis. Several stages of thoracoplasty had been performed two years previously, but her sputum had continued to contain