

into the cause of two deaths following such anaesthesia disclosed that the trilene had undergone decomposition while in contact with soda lime in the apparatus, and further work was started to discover the extent of decomposition and the substances produced. . . . Trilene undergoes decomposition in the presence of soda lime, producing, among other substances, dichloroacetylene and phosgene. . . . This decomposition occurs at room temperature but is greatly increased as the temperature rises. . . . The presence of moisture affects the decomposition products, little dichloroacetylene being formed. Ether retards the decomposition of trilene over soda lime and stabilises the dichloroacetylene produced. . . . General results show that trilene should on no account be used as an anaesthetic in the presence of any alkaline carbon-dioxide absorbent." 2 references.

J. C. M. C.

MALLINSON, F. B.: *Curare in Anaesthesia*. *Lancet* 2: 75-76 (July 21) 1945.

"Tocostroin is a pure extract of curare. . . . For practical purposes in normal adults, I have injected up to 3 c. cm. of the solution intravenously during 1-2 minutes, just before the peritoneum is to be opened, the patient being under light anaesthesia. Relaxation with contracted gut develops within 4 minutes, usually in 1-2 minutes. If relaxation is insufficient or the operation prolonged, repeat doses of up to 2 c. cm. will effectively restore relaxation. The maximum amount I have given during one operation has been 10 c. cm. . . . Concomitant anaesthesia need never be deep but for satisfactory results should be into plane 2, because curare is inadequate as the sole relaxing agent. . . . None of my cases has shown any untoward effects during or after operation referable to

the action of curare. The small number of cases so far studied (40) renders any figures of postoperative complications valueless, but no increase over more usual methods of anaesthesia has been noted." 7 references.

J. C. M. C.

ANONYMOUS: *Curare in Anaesthesia*. *Lancet* 2: 81-82 (July 21) 1945.

"Two things at least seem certain—that like many other potentially noxious drugs, curare, in proper and controlled dosage, is safe and produces a desirable effect, in this case muscular relaxation; and that when an unduly generous dose is given, respiratory paralysis occurs with a suddenness as dramatic as after an overdose of 'Pentothal' or cyclopropane. This complication holds no terrors for the modern anaesthetist, since it responds to artificial respiration. If pentothal is 'safe' curare is safe. And if curare is to be condemned because a little too much stops breathing, so must pentothal. The safety of these drugs depends on the administrator. . . . When using curare, the anaesthetist soon learns that those reflexes he calls 'the signs of anaesthesia' can no longer be elicited, however little general anaesthetic has been given. They form no guide as to whether his patient is feeling pain or is unconscious. Care must therefore be taken to deaden sensation and ensure unconsciousness, or the worst imaginings of the novelist may come true, for the patient can give no sign if the general anaesthetic is ineffective. The danger of curare is paralysis of the respiratory muscles. Intercostal paralysis, which every anaesthetist should be able to recognise without fail, usually occurs before diaphragmatic. . . . Reliance should then be placed on artificial respiration by inflating the lungs with oxygen, and since this has always been carried out no patient has come to any harm