

through this complication, according to the published reports. The pharmacological antidote to curare is 'Prostigmin'; but, while this should not be withheld, no dramatic effect is to be expected from it in such an emergency.

"Curare, then, justifies further study. Here is a substance which when injected into the circulation produces relaxation of the voluntary muscles, so eliminating 'the cause of more profanity by the surgeons and sweat and tears by the anaesthetist than any other occurrence in the operating-room.' In addition, the relaxation necessary for the satisfactory performance of abdominal operations is procured without the postoperative complications which follow the large doses of the more familiar anaesthetics needed to give the same relaxation. But as Griffith puts it, 'curare is still a poison, and like every other poison it should be handled intelligently and only by experienced physicians.'"

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GRIFFITH, H. R.: *Curare as an Aid to the Anaesthetist*. *Lancet* 2: 74-75 (July) 1945.

"It is now more than three years since we began to use a purified extract of the old drug curare as a muscle relaxant in patients under general anaesthesia. . . . For many years it has been my own practice to use cyclopropane as the agent of choice for general anaesthesia, to the almost complete exclusion of ether. . . . Curare may also be used with other anaesthetic agents. . . . I have frequently

given curare to patients under ethylene or ethylene-cyclopropane with good results. Incidentally, I would like to interject a good word for that almost forgotten agent, ethylene—a particularly safe anaesthetic for use in such poor risk cases as toxic thyroids, and made doubly efficient when combined with curare. . . . Hudon of Quebec (1944), and others, have shown how curare may be used to reinforce the action of 'Pentothal.' It may be given to patients in whom the relaxation of spinal anaesthesia is wearing off too soon, provided the sensibility of the patient is well obtunded by hypnotics or a 'sleeping dose' of general anaesthetic. It may also be used to facilitate bronchoscopy in muscular patients, and tracheal intubation in cases where there is difficulty in securing adequate relaxation. However, curare in safe doses is not in any sense an anaesthetic agent and I do not recommend it for general use in conscious patients. The effect is too uncomfortable. My own feeling is that curare is most effectively used with gas anaesthetics, especially cyclopropane, and also, but more cautiously, with ether. It may be given intramuscularly without irritation, but we prefer to use it intravenously because of the greater control thus assured. . . . In the light of more than three years' clinical experience, curare is considered to be of value to expert anaesthetists by affording a better surgical field for abdominal operations with light and non-toxic anaesthesia. . . . It will probably have a permanent place in anaesthesiology."

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