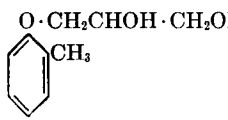
and more comfortable than those receiving spinal, deep general anesthesia or curare. In a diabetic there was no upset of carbohydrate metabolism or postoperative acidosis. Postoperatively with the use of this drug, 12 per cent of patients vomited; 4 per cent more than twice.

In summer, myanesin holds great promise but still must be considered an experimental drug. This drug appears to have well marked advantages over curare. It has a wider margin of safety than curare. Doses of 5–20 cc. (7–28 mg./Kg.) produce no undesirable effects. Abdominal relaxation is obtainable even in the conscious patients without any distress. The drug doesn't cause intercostal paralysis in doses producing full relaxation of the abdominal muscles. In most cases it is much more effective with barbiturate anesthesia than is curare and apparently enhances the action of the barbiturates. So easily is abdominal relaxation obtained under pentothal-nitrous oxide-oxygen when myanesin is used that the use of the more toxic cyclopropane is not necessary. It is effective under the lightest possible anesthesia thus reducing the amount of general anesthesia needed. No bronchospasm or salivation occurs even when no atropine or hyoscine has been given and even in the conscious patient.

J. M. B.

BERGER, F. M., AND BRADLEY, W.: *Muscle-Relaxing Action of Myanesin.* Lancet **1**: 97 (Jan. 18) 1947.

Myanesin belongs to the class of alpha-glycerol ethers and has the following formula:




(alpha: beta-dihydroxy-gamma-(2-methylphenoxy) propane).

Solutions of myanesin, which is readily soluble in water, are stable and unaffected by light, air, cold and dilute acids and alkalis; sterilized by heat or infiltration and are freely miscible with solutions of sodium chloride, glucose and derivatives of barbituric and thiobarbituric acids.

Myanesin does not appear to act on the brain, because it does not affect consciousness and never causes prenarcotic excitement. Its action is apparently due to depression of reflexes in the spinal cord. Myanesin produces relaxation without embarrassment of respiration.

The mean lethal and mean paralyzing doses in mice after intraperitoneal administration were 610 ±10 mg./Kg. and 178 ±8 mg./Kg. Myanesin is quickly detoxified and broken down in the body. It has a potentiating effect on barbiturate anesthesia producing deep narcosis. It has a strong antagonistic action against strychnine convulsions. Blood pressure shows no change except for a fall with extremely large doses (30 mg. intravenously to cats and rabbits produced no change in blood pressure).

J. M. B.

SNYDER, HOWARD E.: *Replacement of Blood in Management of Wounds.* J. A. M. A. **133**: 219–223 (Jan. 25) 1947.

It became increasingly evident, during the American campaign in North Africa, that although many battle casualties suffering from shock responded well to the administration of large quantities of plasma, some of the more severely wounded did not respond until treated with whole blood transfusions. The increased use of blood from January 1944 to May 1945 was reflected in a decided decrease in mortality among American casualties in Fifth Army hospitals during that same period.