

introduction of anesthesia cannot fairly be given to any one man. The discovery was due to the uncoordinated efforts of a number of workers. Crawford Long used ether on March 30th, 1842 but did not give public demonstrations of his discovery, nor did he describe his technic in the medical literature of his day. Horace Wells had nitrous oxide administered to himself on December 11th, 1844, but his public demonstration was a failure. William T. G. Morton successfully demonstrated the use of ether on October 16th, 1846. The first administration of anesthesia in Europe took place nine weeks later in London. Mr. Robinson, a dental surgeon, administered ether and extracted teeth from a patient on December 19th, 1846. The use of ether spread throughout England and the continent of Europe.

The Association of Anesthetists of Great Britain and Ireland are erecting a memorial tablet to commemorate the centenary of anesthesia. The plaque "keeps the memory of four British pioneers." Henry Hill Hickman, James Young Simpson, John Snow and Joseph Thomas Clover.

The Association of Anesthetists of Great Britain and Ireland have instituted an award to be known as the "John Snow Medal," for those rendering signal service to the specialty of anesthesia. 13 references.

F. A. M.

MALLINSON, F. B.: *Curarization Compared with Other Methods of Securing Relaxation in Anaesthesia. Anaesthesia* 1: 17-21 (Oct.) 1946.

A sufficient overdose of any fully potent anesthetic will solve the problem of relaxation but only to the detriment of the patient. Even with the use of nupercaine and improved spinal techniques, and with the establishment of sound technics with cyclopropane, the position in regard to relaxation is far

from satisfactory. By complementing light (1st and 2nd plane) anesthesia with curarization satisfactory relaxation can be obtained.

Since publication of a previous paper the author made several observations in light of further experience. (1) In the earlier paper he stated that "relaxation with curare was accompanied by contracted gut." Close observation suggests that the impression of contracted gut may owe its origin to the profound relaxation produced by the curare, with the result that the intestines lie quietly in the bottom of the wound. (2) Dosage of curare sufficient to cause intercostal and diaphragmatic paralysis has not been found necessary. (3) For short operations the author now uses anesthesia in plane 1, whereas in the previous paper he stated a preference for plane 2. (4) There was no variation of effect of intocostin other than that which can be expected from any drugs, due to the natural variation of susceptibility of patients. (5) Curare has been found invaluable for prolonging the relaxation when spinal anesthesia has lasted insufficiently long.

A series of tables comparing the operations, risk, age, agents, degree of relaxation, dosage of curare, postoperative vomiting and postoperative pulmonary complications in 200 anesthetics, accompanies the text in the original article. In half of the cases intocostin was used to produce relaxation and in the other half more commonly used methods. The prospect seems hopeful that with the introduction of curare a great advance in anesthesia has been made. 15 references.

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HUNTER, A. R.: *Local Analgesia for Abdominal Operations. Anaesthesia* 1: 22-25 (Oct.) 1946.

It has been assumed that the rectus muscles were the most important in