A 56-year-old woman suffering from hypertension underwent an operation for the relief of partial intestinal obstruction due to adhesions. The induction and maintenance of anaesthesia were effected with cyclopropane using the endotracheal absorption technique. A moderate amount of ether was administered for 5 minutes following induction. After the operation commenced curare 3 c.c. (Introcostrin) was administered. Within a three-minute period the respirations ceased and artificial respiration was started. The operation consisted of lysis of intestinal adhesions and was finished in 1½ hours. The patient at this time had a good colour, the pulse was strong with a rate of 84 and the blood-pressure was 160/90. Artificial ventilation was carried out with oxygen for 8 hours. It was necessary to maintain vigorous artificial respiration with pure oxygen to prevent arterial anoxemia.

Some resistance to inflation of the lungs was experienced throughout the entire period of artificial ventilation but at one time it became extremely difficult to inflate the lungs. Bronchial râles were heard on auscultation, but no mucus could be aspirated from the trachea. Accordingly 1 c.c. of adrenalin was given intravenously. Immediately it became easier to inflate the lungs and the bronchial râles disappeared. But this effect was only transitory and soon again lung inflation required as much force as before the adrenalin.
At autopsy the patient had bilateral pulmonary collapse with no evidence of tracheobronchial obstruction. The history and physical findings did not offer any evidence of myasthenia gravis. No completely satisfactory explanation for the prolonged curarization and the massive pulmonary collapse could be made, but it was considered that in some manner they are most likely related to the administration of curare.