ture may indicate that the patient is compensating well against shock. The condition of shock is present and should the blood pressure fall suddenly the patient will become gravely ill. Skin temperature may fall severely during intra-abdominal manipulation but begins to rise when the peritoneum is closed. This is a good prognostic sign. By observing the blood pressure and the skin temperature together a better evaluation of the need for resuscitative measures can be made. 3 references.

F. A. M.


There are certain prerequisites which physiologists agree are essential for normal repair of injured tissues. These are: (1) adequate amounts of ascorbic acid, (2) equilibrium of serum proteins and (3) normal carbohydrate metabolism. In recent years there have been indications that local anesthesia may play a significant part, especially when pain is a factor.

An ointment was used which contained less than 1 per cent of para-aminobenzoate, with a small amount of cod liver oil for its analgesic and healing properties. Sodium propionate was added to increase the antisepctic properties of the ointment. Burns and hypostatic ulcers were selected to determine the effect of a local anesthetic on tissue regeneration. Sixty subjects were tested by 240 patch tests for primary irritation and hyperallergization. Only one patient reacted positively to the ointment. Tests with various ingredients showed that this patient was sensitive to benzyl benzoate.

The ointment was used on sixty-six patients who had burns of varying degrees. Thirty-one patients who had ulcers due to various causes were treated with the ointment. Healing was rapid, no infection was observed during treatment and scars were soft and supple. No irritation occurred. Of the patients treated and the persons receiving patch tests, none showed sensitivity to benzocaine. 9 references.

F. A. M.


The recent introduction of preparations of curare of greater purity than formerly and of standard potency has revived interest in the drug. Intocostrin, one of the preparations of curare, is used as an adjunct to general anesthesia. It is also used to soften the convulsive phase in the metrazol treatment of psychoses. Scattered reports have appeared regarding its use in the treatment of some diseases of the neuromuscular system. The idea of using curare in the treatment of tetanus was reported as early as 1860.

Death from overdosage of curare has generally been ascribed to asphyxia from paralysis of the respiratory muscles. This premise is not strictly correct as death has been known to occur from circulatory failure. In the treatment of tetanus, curare should be limited to overcoming the muscle spasm. The cause of the disease should be treated by other means.

Five patients in whom the diagnosis of tetanus was established were treated with curare. Undiluted, aqueous solution of curare (intocostrin) containing 20 units of standard curare per cubic centimeter was used in all cases. Equipment for artificial respiration and for administering oxygen was available at all times. The recommended dose of one-half unit per pound of body weight was computed for each