into the cause of two deaths following such anaesthesia disclosed that the tri-
lene had undergone decomposition while in contact with soda lime in the
apparatus, and further work was started to discover the extent of de-
composition and the substances pro-
duced. . . . "Trilene undergoes decom-
position in the presence of soda lime,
producing, among other substances, di-
chloracetylene and phosgene. . . . This
decomposition occurs at room tempera-
ture but is greatly increased as the
temperature rises. . . . The presence of
moisture affects the decomposition
products, little dichloracetylene being
formed. Ether retards the decom-
position of trilene over soda lime and
stabilises the dichloracetylene pro-
duced. . . . General results show that
trilene should on no account be used
as an anaesthetic in the presence of
any alkaline carbon dioxide absorb-
ent." 2 references.

J. C. M. C.

Mallinson, F. B.: Curare in Anaes-
thesia. Lancet 2: 75–76 (July 21)
1945.

"Intocostrin is a pure extract of
curare. . . . For practical purposes in
normal adults, I have injected up to
3 c. cm. of the solution intravenously
during 1–2 minutes, just before the
peritoneum is to be opened, the patient
being under light anaesthesia. Relaxa-
tion with contracted gut develops
within 4 minutes, usually in 1–2 min-
utes. If relaxation is insufficient or
the operation prolonged, repeat doses
of up to 2 c. cm. will effectively re-
store relaxation. The maximum amount
I have given during one operation has
been 10 c. cm. . . . Concomitant anae-
thesia need never be deep but for sa-
factory results should be into plane
2, because curare is inadequate as the
sole relaxing agent. . . . None of my
cases has shown any untoward effects
during or after operation referable to
the action of curare. The small num-
ber of cases so far studied (40) ren-
ders any figures of postoperative com-
lications valueless, but no increase
over more usual methods of anaes-
thesia has been noted." 7 references.

J. C. M. C.

Anonymous: Curare in Anaesthesia.

"Two things at least seem certain—
that like many other potentially nox-
ious drugs, curare, in proper and con-
trolled dosage, is safe and produces a
desirable effect, in this case muscular
relaxation; and that when an unduly
generous dose is given, respiratory
paralysis occurs with a suddenness as
dramatic as after an overdose of ‘Pen-
tothal’ or cyclopropane. This complica-
tion holds no terrors for the modern
anaesthetist, since it responds to arti-
ficial respiration. If pentothal is
'safe' curare is safe. And if curare
is to be condemned because a little
too much stops breathing, so must
pentothal. The safety of these drugs
depends on the administrator. . . .
When using curare, the anaesthetist
soon learns that those reflexes he calls
'the signs of anaesthesia' can no longer
be elicited, however little general anae-
sthetic has been given. They form
no guide as to whether his patient is
feeling pain or is unconscious. Care
must therefore be taken to deaden sen-
sation and ensure unconsciousness, or
the worst imaginings of the novelist
may come true, for the patient can
give no sign if the general anaesthetic
is ineffective. The danger of curare is
paralysis of the respiratory muscles.
Intercostal paralysis, which every an-
aesthetist should be able to recognise
without fail, usually occurs before dia-
phragmatic. . . . Reliance should then
be placed on artificial respiration by
inflating the lungs with oxygen, and
since this has always been carried out
no patient has come to any harm