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BURROUGHS WELLCOME & CO.

(Proprietors: The Wellcome Foundation Ltd. London, England.)

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G. P. O. Box 159

1105, SHERBROOKE STREET, WEST.
(corner of Peel Street)
MONTREAL 2.

24th September 1945.

Dr. Harold R. Griffith,
3445 Northcliffe Avenue,
Montreal, P.Q.

Dear Dr. Griffith:

Under separate cover there is being sent to you from London:- 5 x 0.1 Gm. tubes of Curarine Chloride, for clinical trial.

We believe you wished 10 x 0.1 Gm. tubes, but we regret to say supplies available in Britain preclude sending more than five at this time.

London inform us that they are making arrangements to obtain additional quantities of Curare and that when these are received they hope to proceed with the issue of a stabilised solution in ampoules and rubber-capped bottles. Depending on supplies, it may be some time before the new products would be available, but you can be sure that we will keep you advised concerning developments.

It may be that you have read the letter by Professor Macintosh, which appeared in the Lancet 28th July 1945, but in case you have not, we are attaching a copy for your reference.

If there is any further information that you desire, please do not hesitate to get in touch with us.

Yours very truly,

Burroughs Wellcome & Co.

Wilcreasy

Manager

P.S. - As shipments from London are still somewhat delayed, it may be several weeks before the five tubes reach you. In case they do not show up within a reasonable length of time, would you please let us know.

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copy of letter by Professor Macintosh, of Oxford.
- The Lancet of 28th July 1945.

"The poisonous reputation which has always been attached to curare has certainly retarded its clinical use in this country. The editorial and the articles on this drug in your last issue raise the question "Is the use of curare in anaesthesia justified?" - and I venture to predict that the answer will reveal a discrepancy of opinion between clinicians and their colleagues in the laboratory.

Profound relaxation of the abdominal wall for upper abdominal surgery is achieved only at some cost, be it the sequelae of profound general anaesthesia, of spinal anaesthesia, or of large volumes of local anaesthetics. The question at issue is whether better after-results are not realised by light general anaesthesia reinforced by curare to provide the relaxation necessary for the surgeon to operate at his ease. The experience of Dr. Mushin and myself confirms that of Griffith, in that our use of curare in over 100 cases has been most encouraging. The muscular relaxation equals that afforded by spinal anaesthesia, and the general well-being of the patient afterwards has been striking, even in these days when good results are taken as a matter of course.

A word of warning. We have been using, through the courtesy of Messrs. Burroughs Wellcome & Co., a supply of curarine chloride. The dose of this alkaloid is much less than that of the "active curare substance" in 'Intocostrin' (Squibb) reported by transatlantic colleagues. For instance, in a series of upper abdominal operations, which include gastrectomies, cholecystectomies and colectomies, we have never exceeded 70 mg. of curarine chloride, whereas Griffith administers 100 mg. "active curare substance" almost as a routine. For lower abdominal operations our dose of curare is of the order of 30 mg."