

542/5/45

Partial outline of my discussion of
Dr. Cullen's paper at A.S.A. meeting, New York
Dec 9, 1943
HRC

Dr. Cullen's Paper:-

I am convinced that curare will have a large place in anaesthesia practice because after 100 cases I believe -

1. It is safe
2. It works

We have used it cautiously up to now, saving it for cases where we felt it was really needed to get us over a difficulty, but now I am swinging around to Dr. Cullen's idea that it can be used more routinely - that curare plus cyclo may replace the necessity for spinal anaesthesia in many cases, and that it may be safer to use curare plus cyclo than to push resistant patients under cyclo alone into the stage of complete relaxation. I don't altogether agree with Dr. Cullen that the effect of curare may be prolonged for as much as one or two hours. This prolonged relaxation comes more from the cyclopropane than the curare. I believe that I have been more accustomed than has Dr. Cullen to depending on cyclo alone for relaxation in major abdominal surgery, and I say this after just celebrating an anniversary - my 10,000th personal administration of cyclopropane. In this rather large series of cases I have found that if one pushes cyclopropane to the limit one can obtain fairly satisfactory abdominal muscular relaxation in over 90 % of patients with this agent alone. Some of these patients develop arrhythmia, some go into apnoea and don't breathe for long periods. With proper management I have seen no after effects to worry about with this technique, but I am quite willing to believe now that a lighter dose of cyclopropane plus the curare may be ^a better procedure.

I am beginning to believe also that cyclo plus curare may replace spinal anaesthesia in many instances. The principal reason for using spinal is to produce complete abdominal muscular relaxation. With curare, a simple intra-

venous injection replaces the more complicated lumbar puncture, and the unpleasant sequelae of spinal anaesthesia which seem to be inevitable in a certain proportion of cases. One of our gynaecologists who has preferred spinal anesthesia for his hysterectomies is now using cyclo plus curate by the method described by Dr. Cullen, and he states that the conditions under which he is working are just as favorable as with spinal, and so far the patients have been having quite uneventful recoveries.

So I really believe now that curate is going to mean a very great change in our anesthetic methods. However, I share with Dr. Cullen the view that it should be adopted cautiously, by experienced anesthetists only, and never used unless there is at hand adequate means for controlling the patient's respiration.

Dr. Cullen has reported elsewhere the use of curare as an aid to bronchoscopy in difficult cases, and I would like to confirm his findings in this regard. We have used Intocostrin several times with success in difficult tracheal intubations, and for one difficult bronchoscopy with dramatically successful results. This is a field for co-operation between bronchoscopist and anesthetist, and I think the curare should not be used by those who are trained in bronchoscopy alone with no anesthetist present.

I would like to add a word about the history of the use of curare in anesthesia, and to pay tribute to one who is far away tonight, but I'm sure he is thinking of us - I refer to our good friend, Lieut-Com. L.H. Wright of the Medical Corps of the United States Navy. It was Lewis Wright of E.R. Squibb & Sons.