Pembroke College, Oxford.

25th June, 1945.

Dear Griffith,

Many thanks for yours of the 19th. Any prospects of my joining you through initiative taken at this end is poor - much as I would like the journey!

I hope you manage to rattle off something for the Lancet because, amongst other things, I feel that the first communication on this subject in an English Journal should come from you, and not be a meagre report of a few cases from someone else. We continue to get encouraging results. On Friday, 22nd, I gave a short paper on "Curare" to Service anaesthetisty in the U.S.A.Hospitals over in this part of the world. The meeting was at the Royal Society of Medicine under the presidency of Charles Burstein and everyone seemed to be very interested. I told them that I thought that your introduction of this substance promises to be one of the really big advances in anaesthesia. I have been teading through some of my old correspondence with you including a couple of letters you wrote to me in 1942. I handed them over to our physiologist to get his opinion and have attached to one of your letters a three-page report as to why Curare should not be used. This just shows you that expert opinion - valuable as it is at times - is not always right. / I think I mentioned to you that the brand of Curare/which we have been using is prepared locally by Burroughs & Wellcome and I believe it to be considerably more potent in active substance than Intocostrin, since for prolonged gastrectomies we have never exceeded 70 mgs and our average is about 30 mgs. I have given it throughout intrasternally, which route we have employed almost as a routine instead of intravenous for all upper anaesthetics for the past couple of years.

'Curarine'

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