

particularly in inhalation anesthesia, it is easy to see that the choice of methods and agents depended entirely on the surgeon himself, and it was no wonder that they were often selected empirically. It was no exception that the administration was also entrusted to laymen.

There was just a small number of us returning home after this war who had gained experience in anesthesia. Most of them were members of the Czech Army, some of them holding appointments in the British Army or single cases of younger and older colleagues holding appointments during the war in British civilian hospitals. Some of the colleagues came in accidental touch with U. S. Army Medical Units. Among them only scanty exceptions belong to the medical profession who took the trouble to become graded anesthetists. To those, in fact, should be paid the tribute that they took up the immense task of propagating knowledge of the effectiveness and great importance of the modern anesthetic practices, and the need for improving the state of anesthesiology and the scope of the specialty.

Before even the visit of the U. S. medical mission to this country some initiative steps were taken to demonstrate films in anesthesia for various medical schools. I should like to mention here in the first place the Prague British Council, to whom we are greatly indebted for the useful help in lending us these valuable films. The Czech Ministry of Health has been responsible for devoting its time to two conferences on the special problems of anesthesia. It succeeded at least in a few very essential matters, e.g., that the production of nitrous oxide has been started, although on a provisional scale, and that special training in the Western countries of new adepts in anesthesia is at the present time unquestionably assisted.

There are several points in Dr. Cullen's

article to be sincerely appreciated. They are his strong recommendations to support these pioneers of anesthesia in the European countries impoverished by the war, his appeal to scientific or philanthropic groups who could contemplate supplying of necessary equipment to bring the whole matter to a concrete and proper solution and, of course, finding a way to enable the medical profession in Europe to receive a special training in anesthesia in the appropriate schools of the U. S.

I could feel how many of us appreciate Dr. E. A. Rovenstine's efforts in his (there were 69) brilliant lectures on anesthesia or practical demonstrations on cases operated on by other members of the same mission. The same thanks belongs to Dr. F. R. Gusterson, a member of the British medical mission which visited Czechoslovakia this summer, who has also devoted his time in learning to understand our troublesome problems.

To those who gave up their precious time during this war in instructing and training us European pioneers in anesthesia, I am dedicating this remembrance; especially I should like personally to address my expression of gratitude to Dr. F. Bannister and Dr. St. Rowbotham. I owe also my deepest personal acknowledgment to Dr. J. Landy, Dr. K. H. Beecher, Dr. N. A. Gillespie, Dr. Harold Griffith of Montreal, Dr. S. Cullen and Dr. Ruth C. Martin who have found full understanding of our uneasy tasks and for providing us with necessary and badly needed literary sources.

Please accept my many thanks in submitting this letter.

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To the Editor:

When I started to administer the anesthetic agent (ether) at 11:49 p.m. the age of the patient was exactly 2 hours and 39 minutes. The operation which lasted from 12:02 a.m. November 10, 1947, to 12:43, was for repair of a very severe

umbilical hernia which was growing larger every minute and would probably have resulted in strangulation. The hernia was repaired and a Meckel's diverticulum removed by W. M. Falor, M.D.

The patient "came through" in good condition. The case is reported because his

age at the beginning of the anesthesia was 2 hours and 39 minutes and at the close of the operation, 3 hours and 33 minutes.

The extreme youth of the patient was such that perhaps I may claim a world

record for the youngest patient who has been given an anesthetic agent.

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To the Editor:

With regard to Cullen's article, *Curare: Its Past and Present*, in the September 1947 *ANESTHESIOLOGY*, I should like to submit most respectfully the points which are listed below as aspects of my endeavors with curare, which need published correction or explanation.

The points I should like to comment upon are few in number, but are the sort of thing which—in the face of other current and pending publications—might give rise to a degree of contention if they were left unadjudged:

(1) The several botanical specimens mentioned on page 484 were, in reality, a hard-won initial collection of 76 . . . some of them being new to science and still identified by my name and collection number. This collection, as it related to curare, has been of pioneering importance in the straightening out of curare's tangled ethnobotany and the establishment of the drug's collection in terms of modern pharmacognostic procedures. Its subsequent, first publication (Krukoff, B.A., and Smith, A. C.: Notes on the Botanical Components of Curare. II, Bulletin of the Torrey Botanical Club, 66: 305 (May) 1939) also established botanical raw material sources (including the plant *Chondodendron tomentosum* R. & P.) discovered by our expeditionary efforts in regions as far as 600 miles from where they had previously been observed. Among other "firsts" represented by this initial collection, we discovered several in the remote hinterland of Ecuador where they had not previously been known to flourish. Plants falling into this category occur in both the families Loganiaceae and Menispermaceae.

Since then—despite certain difficulties—this collection has been greatly augmented and extended . . . with specimens deposited not only in the herbaria referred to in the article but also in others, e.g., the Dudley Herbarium at Stanford University.

Among other aspects of this latter work has been an exhaustive study of various *Chondodendron* species (especially the *tomentosum*) from various widely scattered regions . . . with a nearly finished—and possibly definitive—correlation of the plant's alkaloidal content with the profoundly influencing factors or region, season, altitude, etc.

Inasmuch as this work has involved even wider scope than our original work, it is felt that it merits this brief description of it.

(2) I should like to state that the sentence (page 484) "he finally succeeded in interesting Dr. McIntyre, pharmacologist at the University of Nebraska, in developing a dependable product," is basically incorrect in its concept.

Factually, I did not have the pleasure of meeting Dr. McIntyre until the 1940 meeting of the American Medical Association referred to on page 485 of the article. Dr. McIntyre's work with curare came about in the following manner: in the early spring of 1939, Dr. A. E. Bennett of Nebraska visited me in my New York City headquarters and, himself, suggested the employment of curare as an adjunct to convulsive shock therapy. I very gladly gave Dr. Bennett a supply of that type of curare which was shortly thereafter ascertained to be the so-called "clinically adequate" variety.

It was only after work had been initiated on this curare specimen at the University of Nebraska that I was aware that Dr. McIntyre prepared and assayed the solutions then successfully employed for the first time by Dr. Bennett. This aspect of curare's employment was entirely Dr. Bennett's idea. Therefore, for most cogent reasons—relating to both the present and future status of the drug—I should like to emphasize this bit of historical actuality.

(3) On page 484: "Gill believes that the ethnobotany of curare is still complex and is not confined to the species *Chondoden-*