

pression that all operations require the services of a physician anesthetist. All of us realize that nurses have administered the large majority of anesthetics that have been given in Virginia and they have given them extremely well. The patient in good condition who has an operation of average magnitude will do about as well with either type of anesthetist. But the poor risk patients and especially those who are subjected to the formidable procedures which are becoming more and more frequent on our operative schedules are the ones who should have the benefit of a physician anesthetist. Nurses do not relish the responsibility of handling this type of case and it is as unfair to them as it is to the patient to ask them to do so. One physician anesthetist in a hospital of moderate size is adequate to care for the more difficult cases and he is also available to help in any emergency which may arise during the course of other operations in the same hospital. Nurse anesthetists appear to welcome the moral support afforded by a physician anesthetist in the same building. . . .

"I would again like to point out that Virginia has lagged behind the country at large in failing to utilize the services now offered by trained medical anesthetists. In order to correct this we need centers for the training of physicians in this specialty and this function logically should be assumed by the University of Virginia and the Medical College of Virginia. If such a program is adopted, these teaching hospitals at once will receive the benefit of improved anesthesia. the hospitals throughout Virginia will soon have a supply of anesthesiologists available and, most important of all, our patients will be operated upon under the most favorable conditions it is within our power to provide." 2 references.

J. C. M. C.

WYNGAARDEN, J. B.; WOODS, L. A., AND SEEVERS, M. H.: *Plasma Levels and Urinary Excretion of Injected Myanesin in Dogs*. Proc. Soc. Exper. Biol. & Med. 66: 256-260 (Oct.) 1947.

"The recent publications of Berger and Bradley describing a new synthetic curarizing agent,  $\alpha$ - $\beta$ -dihydroxy- $\gamma$ -(2-methylphenoxy)-propane (myanesin), and the initial clinical report by Mallinson of its use as a substitute for curare in 118 cases, are of potential interest in the field of anesthesia. The brevity of action of myanesin aroused our interest in its physiological disposition, and it was considered desirable to study blood levels and urinary excretion. . . . The method . . . is dependent upon the nitration of myanesin in aqueous solution, and the development of a strong yellow-green color when made alkaline with sodium hydroxide. . . .

"Preliminary observations would seem to indicate that myanesin is conjugated with glucuronic acid, as least in part. . . . The rapid decay curve of myanesin in dog plasma explains the brevity of its pharmacological action. In the dog, from 0.1 to 2.0 per cent of the administered dose is excreted as free myanesin; from 32 to 42 per cent of the administered dose is excreted as conjugated myanesin in twenty-four hours." 7 references.

J. C. M. C.

WILSON, H. B. AND GORDON, H. E.: *Myanesin as an Aid to Anaesthesia in Children*. The Lancet 1: 367-368 (Mar. 6) 1948.

"At the Royal Aberdeen Hospital for Sick Children the properties of  $\alpha$ : B-dihydroxy- $\gamma$ -(2-methylphenoxy)-propane ('Myanesin') were investigated primarily to determine if it is effective and if it has any harmful effect on the patient. It was decided in the first place to use myanesin on patients in