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NOTE ON THE USE OF INTOCOSTRIN
TO RECOVER A STATE OF RELAXATION
AT THE TIME OF CLOSURE OF THE ABDOMEN
DURING AN OPERATION UNDER SPINAL ANESTHESIA

Report of a case of Drs. Carll, Deaver and Phillips
taken from the United States Naval Medical Bulletin
for February, 1944 - page 284.

During the movement of some bombs along a ramp at the Naval Air Station in Norfolk the bombs were accidentally exploded. The force of the explosion demolished several buildings and threw much equipment around.

Most of the injured were saved by prompt use of first aid, the administration of large quantities of plasma and whole blood, and the reduction of infection from the use of sulfonamides.

Following is the report of a case in which Intocostrin was used:

"It is interesting to note that 11 of the 22 operations done on the first day were done under spinal anesthesia, a circumstance which would not have been possible without plasma. However dosages of spinal drugs were kept at a minimum, depending upon the surgery indicated. For example an amputation of a leg was done with the use of 110 mg. of procaine and dextrose, and both cases of multiple perforation of the intestines with 14 mg. of pontocaine and dextrose. With one of the latter, curare (intocostrin) was used as the peritoneum was being closed. The patient had been under anesthesia for 75 minutes and there was considerable rigidity which made it difficult to replace the intestines within the peritoneal cavity, and made closure of the wound difficult if not impossible. Within $1\frac{1}{2}$ minutes after 60 units (3 cc.) of intocostrin had been administered intravenously, there was relaxation which lasted for more than 20 minutes. We did not see any change in respiration which we thought might be attributed to curare. The patient was under a sleeping dose of pentothal at the time that the intocostrin was administered."

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Within $1\frac{1}{2}$ minutes Intocostrin produced sufficient relaxation to facilitate closure of the abdomen.