

anesthetic is infinitely more satisfactory than any other method I have tried or witnessed, in that, while making the job easier for the physician, it not only provides effective anesthesia but also affords greater safety for mother and child."

J. C. M. C.

TEMPLE, R. D.: *Some Factors in Handling Child Patients*. Dental Items Interest 67: 1113-1114 (Nov.) 1945.

"The ideal way to handle children is to have them call regularly. We have too many who come to the office after a sleepless night of pain, with nerves upset and fear gnawing at them due to hearsay from patient's parents or associates, of the horror of dentistry. . . . No pain, if avoidable, must be dealt out at this time. It usually is an extraction that is called for, and youngsters under seven or eight years of age should not be given a local anesthetic via hypo. Ethyl chloride should be used, and if given properly you have not added to the fear and apprehension of your child patient. If the child is old enough and the hypodermic syringe is used, every means of making the injection as near painless as possible should be employed. . . . If only an inflamed pulp exists, an anodyne paste can be used. It is seldom advisable to have parents present, especially if a good woman assistant is at hand. . . . In your first approach to the child patient, call him by his name, and treat him as an individual. . . . I have a doll in my office, 50 years old, recently dressed in the style of that era, and I also have a model airplane. If the patient is a girl and the least bit fearful, I tell her

to hold the doll, and ask her if she would like to name it. By thus appealing to the child's maternal instinct, I have seen some almost miraculous changes take place, from a fear-laden, tearful, little miss, to a quiet, cooperative patient who will allow most any necessary dental work to be performed. The same with boys and the model airplane. I ask them to hold the plane, ask if they know what model it is, would they like to build one, fly one, and maybe tell them how fast this model will go, and that the pilots must have good teeth in order to fly at high altitudes. I have seen some rather tough little guys change into good patients. . . . It is altogether possible that fear of things dental may have been one of the contributing factors to the appalling condition in which we have found the teeth of the men in our armed forces."

J. C. M. C.

PATON, C. N.: *Anaesthesia in Cases of Ligation of Patent Ductus Arteriosus*. Med. J. Australia. 2: 362-363 (Dec. 1) 1945.

"In the series of patients with patent ductus arteriosus operated upon by Dr. B. T. Edye at the Royal North Shore Hospital of Sydney substantially the same form of anesthesia was used in all cases. This consisted of basal narcosis established with a basal dose of 'Avertin,' followed by inhalation anaesthesia with cyclopropane. . . . Endotracheal intubation is an added advantage. . . . A minimum of disturbance of cardiac and respiratory function was experienced.

J. C. M. C.