COPEN, S. I.: Premedication by Co-
medication in Local Anesthesia. Am.
J. Orthodontics and Oral Surg. 33:

In an effort to reduce the fear of
dental procedures a method of co-medica-
tion was tried. An Anestube con-
taining monocaïne hydrochloride solu-
tion (1.5 per cent with epinephrine
1:100,000) is prepared. Approximately
0.5 ce. of monocaïne hydrochloride is
expelled from the syringe. About 0.5
ce. demerol hydrochloride (approximate-
ly 25 mg.) is drawn into the
Anestube. The full contents of this
Anestube is injected into the tissues
very slowly. The patient quickly be-
comes free of fear, relaxed and co-
operative. This state occurs within
ten minutes and lasts about one hour.
Should more than one syringe of mono-
caïne hydrochloride be needed no
demerol is used in the second syringe.
For children it is recommended that
only 12.5 mg. of demerol be used.
General dryness of the mouth occurred.

Fifty-five patients were treated with
this combination of drugs. In all cases
the results were satisfactory. Until
further experience proves it to be un-
necessary the patients should be ac-
companied when they leave the dental
office, although no escort was needed.
8 references.

F. A. M.

HUNTER, C. A., JR.; HALE, RALPH, AND
LORHAN, P. H.: Demerol as a Pre-
anesthetic Agent. J. Kansas M. Soc

Demerol produces analgesia, seda-
tion and euphoria similar to morphine.
It has a mild atropine-like action. The
duration of analgesic and sedative ef-
fects of demerol is shorter than that of
morphine. Severe pain may not be
relieved by demerol. Respiratory de-
pression from demerol is unusual. For
older patients this milder depressant
action made demerol preferable to mor-
phine. Morphin-sensitive patients
showed no untoward effects from
demerol. In a series of 211 cases it
was found that postoperative nausea and
vomiting occurred in 22.4 per cent
of those who had demerol and in 17
per cent of those who had morphine.
In premedication with demerol it was
found that small doses, 1/450 to 1/200
grain of atropine, seemed most desir-
able. These dosages were combined
with 75 to 100 mg. of demerol. Pa-

tients with severe pain, with intra-

cranial lesions, and children under 12
years of age were considered unsuit-
able for premedication with demerol.
7 references.

F. A. M.