COPEN, S. I.: *Premedication by Co-medication in Local Anesthesia.* Am. J. Orthodontics and Oral Surg. 33: 290–300 (April) 1947.

In an effort to reduce the fear of dental procedures a method of co-medication was tried. An Anestube containing monocaine hydrochloride solution (1.5 per cent with epinephrine 1:100,000) is prepared. Approximately 0.5 cc. of monocaine hydrochloride is expelled from the syringe. About 0.5 cc. demerol hydrochloride (approximately 25 mg.) is drawn into the Anestube. The full contents of this Anestube is injected into the tissues very slowly. The patient quickly becomes free of fear, relaxed and cooperative. This state occurs within ten minutes and lasts about one hour. Should more than one syringe of monocaine 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 unnecessary the patients should be accompanied when they leave the dental office, although no escort was needed. 8 references.

F. A. M.

HOBSON, J. A., AND PRESCOTT, FREDERICK: *Use of d-tubocurarine Chloride and Thiopentone in Electro-convulsion Therapy.* Brit. M. J., 1: 445–448 (April 5) 1947.

In early experiments all patients complained of the terrifying experience of suffocation and weakness after an injection of d-tubocurarine chloride. Preliminary anesthetization with thiopentone was found to be much more satisfactory than was a preliminary subconvulsive electric shock for producing amnesia before injection of curare. D-tubocurarine and thiopentone were given to 50 patients for electric shock therapy for psychiatric illness. Careful examination was made before the convulsive therapy. The traumatic complications of electro-convulsive therapy are avoided by the use of curare and thiopentone. There is no serious rise in blood pressure. Post-convulsive excitement is minimized. Fewer attendants are necessary during the treatment and the unpleasantness for the patient is almost entirely eliminated. 21 references.

F. A. M.

HUNTER, C. A., JR.; HALE, RALPH, AND LORHAN, P. H.: *Demerol as a Preanesthetic Agent.* J. Kansas M. Soc 48: 109–110 (Mar.) 1947.

Demerol produces analgesia, sedation and euphoria similar to morphine. It has a mild atropine-like action. The duration of analgesic and sedative effects of demerol is shorter than that of morphine. Severe pain may not be relieved by demerol. Respiratory depression from demerol is unusual. For older patients this milder depressant action made demerol preferable to morphine. Morphine-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 desirable. These dosages were combined with 75 to 100 mg. of demerol. Patients with severe pain, with intracranial lesions, and children under 12 years of age were considered unsuitable for premedication with demerol. 7 references.

F. A. M.