

pronounced, with banthine than with atropine. As the drying effect of banthine was perhaps slightly greater than with atropine, the difference is probably not significant. Furthermore, the production of skin flushing was looked for. This occurred in only a few cases with either drug, and no real difference in incidence was found. Changes in rectal temperature, apart from a few degrees centigrade, were not observed with either drug. It therefore does not seem reasonable to substitute banthine for atropine in premedication if no other advantages are shown.

Incidentally, it was found that 0.75 mg. of atropine in practically all of the cases had a desirable drying effect, and in only a very few cases did it have an insufficient or

too high an effect, the latter judged by the patient. The optimum drying dosage of atropine therefore seems close to this value in the average adult patient.

REFERENCES

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To the Editor:

The patient with a painful shoulder for whom a suprascapular nerve block is indicated may have had a roentgenogram taken of the involved shoulder. On examination, the roentgenogram displays the suprascapular notch which may be variable in shape and location. In our nerve block clinic, we have observed that the exact location of the suprascapular notch

may be marked accurately and rapidly by placing the roentgenogram directly upon the patient so that the angle of the scapula, the acromion process and the spinous process are superimposed.

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