

anesthetic than does a decrease of arterial pressure." 13 references.

J. C. M. C.

CORY, R. A. S.: *Thoracoscopic Removal from the Chest of a Broken Anesthetic Needle: Case Report.* J. Thoracic Surg. 12: 753 (Dec.) 1943.

"The patient was to be submitted to a closed pneumonolysis, and the chest wall being thin, the local anesthetic was being given with a long tuberculin needle which broke below the surface of the skin. . . . X-rays taken later revealed it lying halfway up the dome of the diaphragm. . . . A right-angled Jacobaeus-Unverricht thoracoscope was introduced low down in the chest in order to be near the diaphragm, and the fragment of the needle was quite easily located. Through a second cannula a pair of forward-grasping Chevalier Jackson bronchoscopic forceps was passed, and the needle was picked up by one end without any great difficulty—but at right angles to the forceps—and no amount of coaxing could induce it to alter its angle until it finally slipped from the jaws of the forceps and fell back into the chest. It was then picked up squarely by its center, brought up to the chest wall within easy view of the thoracoscope and driven a short way into the parietal pleura by its point. Grasp of the forceps was then relaxed, and the needle remained sticking in the pleura in such a position that it was easily seized by its protruding end, in line with the forceps, and drawn out through the cannula." 1 reference.

J. C. M. C.

GUTTMAN, S. A.: *Demerol: Caution in Administration to Patients with Intracranial Lesions.* J. A. M. A. 124: 155-157 (Jan. 15) 1944.

"Twenty patients with intracranial lesions were given demerol parenterally in therapeutic doses on one or more

occasions. In 7 of the 20 patients the respiratory rate fell from the usual rate of 18-22 per minute to 12 per minute or less. In 5 patients respirations fell to 12 per minute, in 1 patient to 8 per minute and in another patient to 4 per minute. Also instances of contracted pupils with sluggish response to light were observed. It is felt that, from the data which were at hand, demerol should be administered with caution, if at all, to patients with intracranial lesions." 9 references.

J. C. M. C.

SCHUMANN, W. R.: *Demerol (8-140) and Scopolamine in Labor: a Study of 1000 Cases.* Am. J. Obst. & Gynec. 47: 93-104 (Jan.) 1944.

"Demerol and scopolamine have been used in a series of 1000 cases for the purpose of studying the maternal and fetal effects of this combination when used as an obstetrical analgesic. Because our primary purpose in medication is establishing complete amnesia, we incorporate scopolamine in our routine as the amnesic drug of choice. Demerol is used to obtain psychic sedation through its analgesic effect, thereby securing a favorable background for the action of scopolamine, reducing the excitement, and enhancing the amnesia. . . . It is our opinion that while demerol possesses other properties that make it more desirable for purposes of obstetrical analgesia than the barbiturates, it falls slightly short of the barbiturates in providing satisfactory amnesia as measured by our standards. The average primiparous labor in this series was 12.4 hours, the average multiparous labor 7.6 hours. This is a reduction of 2.5 hours in the primiparous labor and 1.2 hours in the multiparous labor when compared with a series of 500 patients . . . who received barbiturate analgesia. Since this represents a 17 per cent and 14 per cent reduction re-