'Bringing back into consciousness events that have become disassociated by the use of a narcotic drug.' Another statement of this method is that it unconditions the patient psychologically. . . . For our purposes, sodium amytal is the drug of choice. . . . Some psychiatric uses of this drug may be mentioned as follows: (1) Blackwenn of Wisconsin first made use of it for prolonged narcosis in certain cases of manic depression. . . . (2) Next major use was a hypnotic or subhypnotic to gain insight into mental trends of psychotic patients, especially in the uncommunicative and the stuporous types. Sodium amytal with caffeine was also found suitable in such tests. (3) For criminal investigation, as in the work of Lorenz of Wisconsin, a 5 per cent solution is also used. . . . (4) In a more general type of treatment it may be used to establish rapport in psychotic or resistive types. . . . We have studied individuals from eight to ten of the principal psychoses and mostly in the functional or affective group. Of these, catatonic, schizophrenic and paranoid conditions are ones of greatest incidence. . . . A ten per cent solution of sodium amytal in sterile water was used. . . . The method of administration is very slow, 1 cc. 10 per cent solution per minute. Up to that hypnotic level there is some exhilaration of spirits, usually slurring speech or drowsy incoherent thinking, which is prenarcotic. . . . I think we can safely say from 85 to 90 per cent of results are favorable." 5 references.

J. C. M. C.

GORDON, R. A.: *Bronchoscopy in the Treatment of Pulmonary Atelectasis.* Canad. M. A. J. **54**: 6–10 (Jan.) 1946.

"Until recent years the appearance of signs and symptoms related to the chest in the postoperative patient invariably led to a diagnosis of 'bronchitis' or 'postoperative pneumonia.' . . . A great proportion of postoperative patients suffering from atelectasis will clear the secretions from the bronchi and re-expand the collapsed portion of the lung by voluntary deep breathing and coughing. In those cases in which the patient is unable to accomplish this within a period of a few hours, the obstruction must be removed by suction. . . . Suction drainage of the tracheo-bronchial tree under direct vision through the bronchoscope is the most efficient, and at the same time the least traumatic of the methods available for the relief of bronchial obstruction. . . . I have found suction-drainage of the tracheo-bronchial tree through the bronchoscope of particular value in the treatment of three types of patient, viz.: (1) Postoperative patients who through pain or debility are unable to remove obstructing secretions from the bronchi. (2) Unconscious patients and those who have suffered injury to the nervous mechanism controlling the cough reflex, such as occurs in lesions of the cervical portion of the spinal cord, or injuries to the mid-brain. (3) Patients with injuries involving the airway, i.e., jaws, pharynx and trachea, with aspiration of blood and other foreign material. . . . If aspiration is delayed it may be found impossible to re-expand the collapsed segment of lung immediately, and the danger of a superimposed pneumonic process must be faced." 3 references.

J. C. M. C.

CORSON, SAMUEL A.; KOPPANYI, THEODORE, AND VIVINO, A. EARL: *Studies on Barbiturates XXVIII: Effect of Succinate and Fumarate in Experimental Barbiturate Poisoning.* Anesth. & Analg. **24**: 177–192 (Sept.–Oct.) 1945.

Since succinate has been employed in the treatment of human barbiturate poisoning it was deemed important in