'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.


"Until recent years the appearance of signs and symptoms related to the chest in the postoperative patient invariably led to a diagnosis of 'bronchi-tis' 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.


Since succinate has been employed in the treatment of human barbiturate poisoning it was deemed important in
view of conflicting reports to study the effect of succinate and its oxidation product, fumarate, and the cause of barbiturate poisoning in different species of animals, using both long acting and short acting barbiturates.

Dogs, cats, rats and rabbits were given sodium barbital or sodium pentobarbital and recovery time was compared after treatment with sodium succinate, urea, fumarate or sodium chloride.

The greatest effect of succinate was on the output of urine, a lesser effect on the output of barbiturates, and the least effect on recovery time. The saline controls, on the whole, fared better than the animals treated with succinate, fumarate and urea.

The ineffectiveness of succinate in controlling barbiturate anesthesia is not surprising, since there is no good evidence to support the contention that narcosis by barbiturates or by any other anesthetic agent is due to inhibition of the respiratory systems of the brain.

As to the treatment of human barbitral poisoning, one can only say that these measures should not prove more useful than other emetic measures. 12 references.

M. F. P.


"Previously one of us demonstrated the prolonged activity of pentobarbital and phenobarbital in antagonizing the convulsant action of either strychnine or picrotoxin. It was suggested that this work might serve as the basis of a method for determining the comparative length of action of barbiturates. Although further studies indicated that this antagonism does not yield a true indication of the length of action of barbiturates relative to sedation or anesthesia, some information was obtained on the comparative protection offered by the barbiturates against convulsants and the duration of such protection. . . . Strychnine proved to be unsatisfactory for testing the comparative anticonvulsant action of barbiturates. Picrotoxin was a satisfactory agent for measuring this action. Ten male rats of the strain used weighing from 66 to 80 grams inclusive proved to be a sufficient number to give consistent results. The barbiturates with short duration of anticonvulsive activity were studied with a standard interval determined at twenty minutes after the administration of the barbiturate. Those with medium and long duration of anticonvulsive activity were studied with a standard determined at one hour. Loss of anticonvulsive activity was usually continuous and varied from an hour to four days for complete loss. With two compounds studied there was an early loss of activity followed by a partial regaining of anticonvulsive activity before the final loss of activity. The information obtained did not replace information obtained by other methods. It is believed that this method might give supplemental information which would be useful in some instances."

J. C. M. C.


In the Second World War a service ceiling of well over 40,000 feet has been attained, but considerably below 40,000 feet a series of symptoms have been described which are unrelated to such obvious causes as lack of oxygen, ear and sinus trouble or intestinal pains. These range from a mild rash or ache to unbearable pains near the joints, from tightness in the chest to severe