deaths among the babies that could be attributed to pethidine.” 17 references.

J. C. M. C.


“Pethidine hydrochloride . . . is a pain reliever of fairly recent introduction, the hydrochloride of the ethyl ester of 1-methyl-4-phenylpiperidine-4-carboxylic acid, discovered by Eisleb and Schumann in their search for an ideal analgesic with spasmylytic atropine-like properties. The drug is known on the Continent as ‘dolantin’ and in the United States as ‘demerol,’ and was officially named pethidine by the G. M. C. a year ago. . . . Pethidine hydrochloride was studied for its analgesic and spasmylytic effect on 80 normal mothers in the early first stage of labour. About 17.5 per cent were greatly relieved, 72.5 per cent had good relief, and 10 per cent had no relief. The behaviour of excited patients was improved. Primiparae and multiparae were relieved equally. . . . So far as can be judged, pethidine hydrochloride, if carefully dosed and timed, is a very useful analgesic and spasmylytic drug in midwifery.” 18 references.

J. C. M. C.


“[An endotracheal harness devised by the author consists of] 19 in. of garter elastic, preferably white, and from 1/4 in. to 1 in. in diameter. . . . One end has a loop of tape sewed on, sufficient in length to slip over any of the buttons to be described later. Near the other end four rubber- or linen-covered buttons are attached in line, along the axis of the harness and about 3/4 in. apart. Buttons 1/2 in. to 1/2 in. in diameter are the most suitable. About 6 in. from the button end a length of tape (10 in. is ample) is sewn on the elastic band so as to leave two free ends of equal length. . . . When in use the harness is placed around the head in such a position that the attachment of the tape is in the centre of the forehead and the two free ends are tied in a bow around the rubber extension of the endotracheal tube. The loop is then slipped over an appropriate button, leaving the band in slight tension and the rubber extension tube fixed firmly in place. Untying the bow and loosening the loop frees the harness in a matter of moments.”

J. C. M. C.


“[In the serious, though comparatively rare, condition of acute dilatation of the stomach gas and large quantities of fluid may accumulate within it. The accumulation of fluid means corresponding losses from other parts of the body, and losses of sodium and chloride; also alkalosis, and possibly tetany. Unless the fluid and electrolyte balances are soon restored death ensues. . . . Acute distention of the stomach has been observed in association with several conditions—e.g., in severe diabetes, after an attack of migraine, in the course of pulmonary tuberculosis, or post-operatively; most often, it is claimed, after laparotomy under general anaesthesia. It seems probable, therefore, that acute distension may result from several different causal factors operating together or singly, and among these anaesthesia and various operative procedures are of special interest. In order the better to assess the role of anaesthesia Johnson and Mann have recently investigated in dogs the effects of different agents and depths of anaesthesia upon gastric tonus and movements. . . .