Cephalothin (Keflin), 2 g, intravenously, for four hours during anesthesia and operation was continued into the postoperative period. Rectal temperature was not above 37.5°C at any time during the first 96 hours after operation, and eosinophilia was not present. The chest x-rays were similar to those described, but overt bronchorhrea occurred in our patient only.

I thank Drs. Orkin and Hudson for calling this syndrome to our attention and agree that the pulmonary hypersensitivity reaction should be considered a possible cause of pulmonary edema when potentially antigenic stimuli are present.

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Training Nurse Anesthetists

To the Editor.—In the article, “Analysis of Manpower in Anesthesiology” (Anesthesiology 33: 355, 1970), the authors state that “Anesthesia training for the nurse anesthetist is directed toward practical management rather than providing a scientific background.” I would like to direct the authors’ attention to the program offered at Virginia Commonwealth University, specifically, and to many other university-based programs in general. I agree that in certain hospital-based programs, one must wonder whether assisting with the clinical load or education of the student is the primary goal; however, I hope that these programs are on the decline and do not typify educational standards for nurse anesthetists today.

The program at Virginia Commonwealth University offers a sound scientific background. Forty-four academic credits are awarded for its successful completion. Courses in physiology, anatomy, chemistry, physics, pharmacology, and fundamentals of anesthesia practice are taken.

I believe there is a new trend towards anesthesia education for nurses which does offer a scientific didactic background. I believe that students entering anesthesia programs today are demanding this type of education rather than a practical exposure to the art of anesthesia. I further offer this concept in anesthesia education for nurses as a possible solution to what has been called “technical training” of nurse anesthetists. This elevation of educational standards leads to better-trained nurse anesthetists capable of educated judgment and the delivering of high-quality anesthesia care.

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Obstetrics

CESAREAN SECTION In response to the question “Do you feel that cesarean sections should be done in the operating room?”, the physician responding believed it is preferable to do them in the delivery room. Aseptic practices in the operating room and delivery room should be identically meticulous, and personnel in both areas should be knowledgeable and skillful in the care of patients and in assistance to physicians. (Ginsberg, F.: OR Questions and Answers, Mod. Hosp. 114: 120 (Feb.) 1970.)