ABSTRACTS

Editorial Comment: A fixed style of presentation for this department of Anesthesiology has purposely not been defined. It is the wish of the Editorial Board to provide our readers with the type of abstract they desire. Correspondence is invited offering suggestions in regard to the length of abstracts, character of them, and source of them. The Board will appreciate the cooperation of the membership of the Society in submitting abstracts of outstanding articles to be considered for publication.


“A consideration of the complexity of the anesthesia situation and the controversy which has resulted in many hospitals becoming so short handed in anesthetists that operations except emergencies must often be postponed brings us face to face with the problem of general anesthesia in the office of oral surgery. It must be conceded that general anesthesia in oral surgery has grown up like Topsy and the training and experience of oral surgeons and that of their nurse anesthetists is frequently below an acceptable minimum standard based on the modern concept of anesthesiology. The situation has been vastly improved by oral surgeons securing trained nurse anesthetists, but as a group they are faced with the problem of future replacements of nurse anesthetists and the question of responsibility in highly specialized fields of endeavor. The answer to this problem is not immediately forthcoming and has been made much more difficult by the premature and apparently ill conceived activities of the anesthesiologists in a period of critical scarcity of nurse anesthetists. The situation warrants immediate study and discussion on the part of organized oral surgery in order that effective arrangements may be made for the adequate training of nurse anesthetists for the specific needs of oral surgery.

Such training should be at least as thorough and effective as the best training of the nurse anesthetists who have proved their worth in hospital practice.”

J. C. M. C.


“In operations on the mandible, nerve block is universally accepted as the method of choice for effecting local anesthesia. However, in maxillary operations there is less certainty as to the preferable procedure. Relatively few operators attempt to block the maxillary nerve by the intra-oral route, although, when successfully carried out, the procedure affects the entire region supplied by Meckel’s ganglion and the infra-orbital nerve and its branches. There are numerous references in the dental literature describing the various procedures to be used in this form of nerve block by the intra-oral route. . . . Despite these . . . references to precise methods for effecting maxillary nerve block, the procedure has fallen into disfavor and is used very rarely at the present time. It is my impression that the main objection to it stems from the inability of the operator to determine the depth of injection essential for optimum anesthesia. Most authors refer to an average distance of injection, but in practice this has proved to be of no value. My associates and I determined to study experimentally the anatomic