epithelial surfaces, the cells of which have been disturbed by pressure, are most effectively anesthetized with topical anesthetics. Sensory response to a stimulus varies in different areas of the mouth. The degree of hornification and sensitivity are closely related. 1 reference.

F. A. M.


Local anesthesia was slow of recognition by surgeons and was often reserved for only minor operations. Local anesthesia is useful for obstetrics and gynecology. When used in 1 per cent solution, procaine does not damage tissue. Small amounts absorbed after subcutaneous injection with epinephrine rarely do harm. With local anesthesia one can usually obtain the cooperation of the patient. It has been found safe for the baby. For aged women local anesthesia makes possible needed gynecological surgery. Easier identification of tissues and less oozing are two advantages of infiltration. In cesarean section local anesthesia has many advantages for both the mother and infant. With practice the technics can be easily mastered. There is still need for general anesthesia, but better understanding of the capabilities of local anesthesia, knowledge of the technics and greater application of the method will result in greater safety. 13 references.

F. A. M.


The invention of the hypodermic syringe in 1845 and the discovery of cocaine in 1879 marked the beginning of local anesthesia as it is known today. The discovery of epinephrine and of procaine lessened the dangers of local anesthesia. The selection of a general anesthetic for oral surgery cannot be based solely on the inability to produce safe local anesthesia. Most oral operations can be performed after anesthetizing either the second or third divisions of the fifth cranial nerve. Nerve block and infiltration are the two methods of producing local anesthesia. Second division nerve block will produce anesthesia of the maxilla. This block may be performed by one of three approaches: intra-oral, extra-oral and orbital. The orbital approach is dangerous and is rarely used. The intra-oral route is probably the safest and simplest approach. The extra-oral route is more difficult but at times is a valuable approach. Four other routes for partial blocking of the second division are available. The technics for nerve blocking are not difficult and should be mastered by every oral surgeon. The third division of the fifth nerve, because of its anatomic location, usually requires block injection to produce satisfactory anesthesia. The intra-oral technic for blocking the mandibular nerve and its lingual branches is familiar and commonly used. The extra-oral approach may be used. Two methods, one through the sigmoid notch and the other from the region of the angle of the mandible, are available for this block. Many methods of infiltration anesthesia are available; each have their uses in selected cases.

To avoid complications care must be used in administering local anesthesia. The local bacterial inhabitants of the mouth may be conditioned to their surroundings but transplanting these organisms to a different location may result in disastrous infection. Adequate sterilization of anesthetic syringes and needles requires no elaborate equipment. For extra-oral injection the skin should be prepared as carefully as for a major operation. The preparation for injection through the