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.


"The number of procedures involving the direct examination of, and the introduction of instruments and materials into, the tubular structures of the respiratory tract is increasing. This increase in endoscopic procedures has been attended by greater efforts to overcome the natural defenses of the entrance to the respiratory passages.

"The technic designed and originally described by us is based on nebulization of the surface anesthetic solution. By having the patient inhale the mist under certain conditions, a profound surface anesthesia is obtained which extends from the external nares and mouth to the finest bronchioles.

"The patient is seated, his nose is occluded by adhesive tape, and he is instructed to relax and simply breathe through his mouth. Eight cubic centimeters of anesthetic solution is introduced into the nebulizer and the oxygen flowmeter adjusted to approximately 6 to 8 liters per minute for continuous nebulization.

"The production of aerosol is demonstrated to the patient, and it is explained that he is to inhale the mist. The nebulizer is inserted into the patient's mouth in such a way that the delivery end of the rubber mouthpiece is well into the back of the mouth. As the patient is inhaling the aerosol, he is prepared for the sensations of surface anesthesia by explaining that soon his tongue will become numb, he will feel a 'lump' in his throat, and he will finally be unable to swallow. He is then instructed in the proper method of holding the nebulizer and he continues to do so for thirty minutes.

"During the first five minutes the tip is allowed to point straight back toward the uvula. Then the anterior faucal pillars are anesthetized by turning the nebulizer 30 degrees for five minutes to each side in turn. For the second fifteen minute period, the patient holds his own tongue forward with a gauze sponge, introduces the nebulizer tip as far back as possible, and aims toward the larynx and the pyriform sinuses for five minutes each. The entire procedure requires thirty minutes. The entire technic requires about five minutes of the anesthetist's time. The anesthetist, therefore, is free to do other work in the twenty-five minutes remaining while the patient administers 200 cc. of his own anesthetic under supervision.

"This method is almost entirely free from the disadvantages and dangers of the conventional methods, and is accompanied by little or no discomfort to the patient."

F. M.