CORRESPONDENCE

AN EDIBLE DENTAL PROP

Sir,—The first experience of anaesthesia is, for the majority of children, that accompanying a dental extraction. And if this experience is a terrifying one it will have an adverse effect on their reaction to anaesthesia for the rest of their life. On entering the dental surgery a small child is naturally apprehensive; there are many objects to be seen and he is asked to sit in a chair which is unlike any he has sat in before. The dental surgeon and the anaesthetist do their best to reassure him and to explain what is going to happen. Then to his surprise he is asked to open his mouth and bite on a prop. He is perhaps told to “bite on this piece of tin toffee”. He bites, and on finding that it is not remotely like toffee, he spits it out. Attempts to replace it result in screams, which only too often end in the anaesthetist in desperation forcing the mask on to his face despite his struggles. Anaesthesia is eventually achieved but then a fresh struggle starts to insert a gag between his clenched teeth, often ending in trauma.

All this could have been avoided if the confidence of the child had not been destroyed by the lie about “tin toffee”. It occurred to me that if a prop could be made to look—and taste—like a sweet, and at the same time efficiently hold the jaws apart without slipping, much would be gained. Taking the McKesson rubber prop as a model, attempts were made to reproduce it by pouring melted wine gums into a mould. But this proved too sticky and ordinary lozenge paste was substituted. This has a pleasant taste, does not fragment on pressure and can be produced as a perfect model of the original in any desired colour. A hole is bored through the middle to take a piece of tape to prevent accidental ingestion, as shown in the photograph.

The majority of children readily accept this prop and it is not easily dislodged during induction. The child is told that he will be given his sweet to take home with him after the extraction. After anaesthesia the prop is washed, the tape removed and it is handed to the child in the recovery room. It is remarkable how many crying children become quiet on receiving their “sweet”. It may reasonably be argued by the dental profession that this will appear contradictory to their campaign to stop caries due to excessive sweet consumption. But the sweet might be used as a prize to reward the child for his co-operation with the dental surgeon.

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CHLOROFORM AND HALOTHANE

Sir—It was refreshing to read the article by Drs. Dobkin, Harland and Fedoruk, “Chloroform and Halothane in a Precision System” (Brit. J. Anaesth., 33, 239). Their experimental work on dogs, the conclusions they draw and their general discussion of the subject are wholly admirable. In view of their remarks on the difficulty of comparing the two agents in a clinical study, the following brief account of an attempt at such a study, however imperfect, may be of interest:

Two years ago, a “Chlorotec” vaporizer was made available to me and I decided to anaesthetize patients in routine day-to-day operating lists, substituting chloroform given from a “Chorotec” inhaler for halothane given from a “Fluotec” inhaler in comparable strengths, but leaving the anaesthetic technique and administration otherwise unchanged. Fifty patients in all were thus anaesthetized; 8 for ear nose and throat surgery,