come to issue certificates of special expertise in critical care medicine and pain management, it makes sense to many of us to consider a name for the parent specialty that is broader, more descriptive, and more accurate than "anesthesiology." In this vein, the suggestion of "metesthesiology" was forwarded to properly emphasize our role in altering (going "above and beyond") rather than eliminating the body's perception of noxious stimuli.[2] I was impressed by Saidman's arguments for a term not previously suggested: "perioperative medicine and pain management." This name emphasizes: (1) our specialty as a practice of medicine, (2) our role in guiding the patient safely through the totality of an invasive or painful procedure, and (3) our dramatic advances in the comprehensive treatment of pain from any cause.

Listening to Saidman's lecture and later reading the text, I was struck by the thought that there could not be a better way to initiate and lead such a change than by renaming our Journal. Obviously, such a change cannot be considered lightly and would require discussion and consensus among the Editorial Board of the Journal and the membership of the American Society of Anesthesiologists. If the name "perioperative medicine and pain management" is considered to better reflect the scope of our practice, does it not also better reflect the breadth of clinical and laboratory investigations that interest the readers of our Journal? An important part of the purpose of the American Society of Anesthesiologists as written in the Society's Bylaws is "to develop and further the specialty of anesthesiology." ANESTHESIOLOGY is the Journal of the American Society of Anesthesiologists. Discussion about whether the name of our specialty should change and hence Saidman's specific suggestion of "perioperative medicine and pain management" have arisen because of the growth and development of our specialty. I like the name, as do many with whom I speak. Is it time for a change?

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References

1. Saidman LJ: The 33rd Rovenstine Lecture: What I have learned from 9 years and 9,000 papers. ANESTHESIOLOGY 83:191–197, 1995
2. Greene NM: The 31st Rovenstine Lecture: The changing horizons in anesthesiology. ANESTHESIOLOGY 79:164–170, 1993

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In Reply:—I appreciate McLoughlin's generous comments regarding the 1994 Rovenstine Lecture. Obviously, I agree with his suggestions *vis a vis* renaming the specialty but am less convinced that renaming the Journal would be appropriate. Although "perioperative medicine and pain management" may more precisely define our clinical job description, such a term does not begin to define the breadth of our anesthesia research—especially that concerned with basic science. How, for example, would research involving complex subcellular physiology and biochemistry, molecular genetics, magnetic resonance imaging, or theoretical modeling fit in a journal named "Perioperative Medicine and Pain Management"? Thus, because I agree that the specialty is, to some extent, constrained by its name, I would concentrate on renaming the specialty now and leave the Journal title unchanged until a term better describing the breadth of its contents can be agreed on.

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Another Simple Method for Ring Removal

To the Editor:—Rings on the fingers of surgical patients usually should be removed preoperatively. Although rings frequently can be removed by thorough lubrication around the ring or the string-wrap method,[1,2] sometimes we are unable to remove rings using these methods, and, in an emergency, it is necessary to use a ring cutter. We would like to introduce a new simple method for ring removal. A finger part of a surgical glove cut off cylindrically is passed between the ring and the finger using small forceps as used for plastic surgery (fig. 1). The segment of the rubber beyond the ring is turned inside out and is pulled toward the fingertip with a twisting motion on the ring (fig. 2), thereby removing it.

This method has the advantage over the string-wrap method, which

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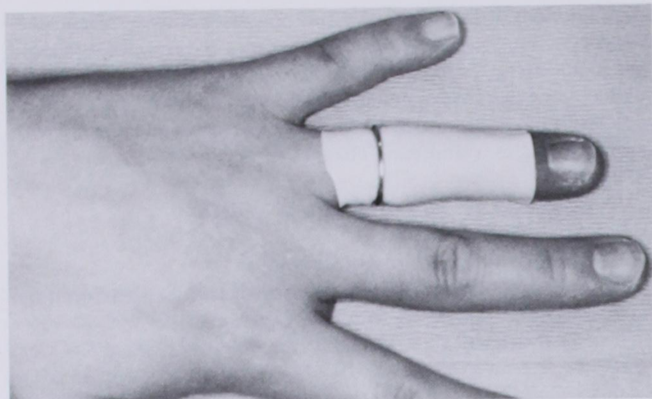

Fig. 1. A finger part of a surgical glove is passed between the ring and the finger.

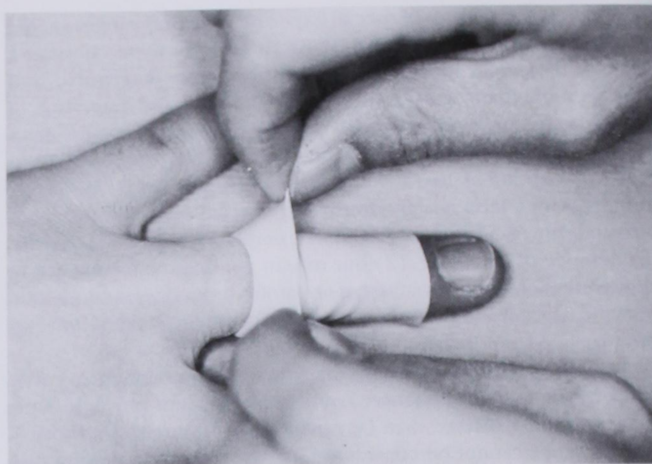

Fig. 2. The segment of the rubber beyond the ring is turned inside out and is pulled toward the fingertip.

cannot be applied to burned, wounded, fractured, or inflamed fingers because of severe pain and the possibility of causing further damage to these fingers.[1,2] The digital nerves can be blocked, if necessary. In addition, the glove between the ring and the finger may protect the finger against electrical burn during surgery even if removal of the ring was not possible. With this method, we successfully managed five patients whose rings could not be removed either with lubrication using lidocaine lubricant or olive oil and the string-wrap method. We believe that our method is an alternative worth trying before the ring is cut.

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References

1. Barnett RC: Soft tissue foreign body removal, Clinical Procedure in Emergency Medicine. Edited by Roberts JR, Hedges JR. Philadelphia, WB Saunders, 1993, pp 588–590
2. Mizrai S, Lunski I: A simplified method for ring removal from an edematous finger. Am J Surg 151:412–413, 1986

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