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Reference

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In Reply:—Dr. Rajan suggests that the treatment I proposed for laryngospasm works only for supraglottic but not for glottic obstruction. This is true if the pressure is applied to the ramus of the mandible anywhere below the laryngospasm notch. To be effective, the operator must be cephalad enough to feel the base of the skull as inward pressure is applied. I would not recommend attempting direct laryngoscopy as a treatment for laryngospasm because it is unnecessary, time-consuming, often ineffective, and potentially traumatic to the larynx. Dr. Johnstone's theory of bending the styloid process and producing periosteal pain as an explanation for why pressure in the "laryngospasm notch" reverses laryngospasm is as valid as any proposed by me. In addition, once one is experienced and comfortable with the technique, firm pressure on one "notch" while holding the mask with the other hand is effective. If unilateral pressure should fail, I recommend returning to bilateral pressure and, if necessary, having an assistant hold the mask as Dr. Johnstone suggests.

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Trademark?

To the Editor:—I noticed in a recent response to a letter to the editor,[1] Dr. Daniel Sessler lists as part of his affiliation Director, Outcomes Research™ Laboratory. I find myself absolutely intrigued by this, particularly because they have chosen to trademark the more generalized "Outcomes Research" rather than the more specific "Outcomes Research Laboratory." I would appreciate it if Dr. Sessler or one of his colleagues from Vienna could explain to us the implication of this trademark. For example, does the use of the term "Outcomes Research" require prior consent, or do we owe the University of Vienna a groschen or two each time we use the phrase "Outcomes Research"?

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