Announcing a New Annual Feature for the Journal

Today's modern lifestyle frequently seems to be all about speed, convenience, and constant forward motion, rarely providing moments to stop and either enjoy the present or reflect upon the past. As busy parents, partners, students, clinicians, teachers, and researchers, we are all too frequently looking forward to the next "big thing," be that a promotion, a graduation, or a much-needed vacation. Such a common approach can easily rob us of the ability to fully appreciate and enjoy life. Furthermore, I believe there is great benefit in periodically looking to the past, as it is often capable of providing additional clarity, deeper contextual understanding, and unique perspectives on the present. As George Santayana is frequently quoted, "Those who cannot remember the past are condemned to repeat it." That same sentiment, when applied to our professional lives as clinicians, researchers, educators, etc, can be quite beneficial not only for ourselves but also for our patients. By understanding the challenges faced by our predecessors, we can potentially and carefully avoid making similar missteps. Lest you think I am overstating the positives here, allow me to present the following real-life example.

Nasal preparation via administration of a topical vasoconstrictor (cocaine, phenylephrine, oxymetazoline) prior to nasal intubation is common practice with many anesthesia providers. In fact, I had personally witnessed multiple instances where clinicians (residents and faculty) virtually emptied the bottle of nasal spray into a patient's nasal cavity before intubating, and such practice had erroneously given me little concern at the time. However, last year a seasoned colleague e-mailed an article previously published in *Anesthesiology* in 2000 that discussed guidelines on the use of topical phenylephrine in the operating room. The 20-year-old submission detailed a series of patients who became profoundly hypertensive after administration of potent topical vasoconstrictors (phenylephrine), then subsequently developed pulmonary edema and, in a few cases, cardiac arrest and death when the initial hypertension was managed with beta blockers (labetalol). Upon reflection, the potential complications associated with topical vasoconstrictors and beta blockers made complete pharmacological sense; however, recognition of those risks had not occurred at the time I observed the cavalier administration of those medications while on my medical anesthesia rotation during residency. This example served as a salient moment in my educational

career and caused me to evaluate ways to further increase awareness of other key articles that are likely unknown or forgotten, particularly for the benefit of those with less experience (students, residents, and new practitioners).

It is with this in mind that I decided to establish an annual *Anesthesia Progress* section with the primary goals of retrospectively surveying the literature, identifying seminal articles pertaining to anesthesia for dentistry, and highlighting their continued relevance or historical importance to the readership via guest editorials provided by distinguished invited authors. The yearly recipient of the Heidbrink Award, the highest honor bestowed by the American Dental Society of Anesthesiology, will be asked to select a milestone article for reprint along with an accompanying current commentary discussing the significance of the selection. This exciting new venture, starting with this issue, will temporarily replace the existing Continuing Education section each year for the winter issue only and will continue to contain questions for the continuing education credits that many readers have come to use and expect. It is my hope that the readers of *Anesthesia Progress* will happily embrace this new section and grow to anticipate its publication each year.

As you likely recall, the current continuing education section is dedicated to Norman Triege, DMD, MD, the exceptional teacher, clinician, researcher, and champion for anesthesia in dentistry. Dr Triege was also notably the editor of *Anesthesia Progress*, a position that he held for a tenure of 18 very productive years, which has been surpassed by only one other editor. In short, the legacy of Dr Triege was so profound that dedicating the continuing education section to him was only logical. In the hopes of continuing what I consider to be an equally meaningful tradition, I began to assess who among our multitude of worthy leaders best represented the intent of this new section—someone with a keen appreciation for the history of our profession, who inherently understands the immense value and importance of connecting our present and future to our past. To that end, there was one clear choice, one individual who virtually personified the aims of this endeavor: Joel M. Weaver, DDS, PhD. A brilliant educator, researcher, clinician, and previous Heidbrink Award recipient, Dr Weaver has most certainly established himself as a true leader in anesthesia for dentistry and a remarkable steward of this illustrious journal. Furthermore, Dr Weaver served as editor-in-chief of *Anesthesia Progress* for 19 years, during which time he oversaw the journal's continued expansion of its content and global reach.

It is my distinct pleasure to introduce the inaugural annual feature for *Anesthesia Progress*, aptly titled “Landmark Articles in Dental Anesthesiology With Commentary in Honor of Joel M. Weaver, DDS, PhD,” which can be found in the latter parts of this issue. This initial selection is an article written by Dr Leonard Monheim and published in 1971, with current commentary provided by Drs Joseph Giovannitti, Mort Rosenberg, and James Phero, all of whom are previous

recipients of the Heidbrink Award. I would like to personally commend these 3 extremely well-respected authors on their work, which I hope will provide relevant perspective and historical context for the readership, particularly those who are relative neophytes to anesthesia for dentistry.

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