

## RESULTS

The results obtained were uniformly excellent. Only  $\frac{1}{2}$  to 1 ounce of ether was required for induction in each case, while 4 ounces or more were ordinarily employed. In addition, the pharyngeal relaxation was so pronounced as to facilitate the surgery to a remarkable degree. Possibly the best commentary on this technic is that of the surgeon who remarked that whereas he used to dread adult tonsillectomies under general anesthesia, he now looks forward to them! No untoward effects from the curare were observed and all cases made uneventful surgical recoveries. Postoperative vomiting was absent in most cases probably due to the reduced amount of ether required.

## SUMMARY

In 12 cases of adult tonsillectomy under general anesthesia, curare was employed to obviate the need of extreme ether saturation and permit improved surgical exposure. Adequate premedication of morphine-scopolamine and induction by nitrous oxide-oxygen-ether to the level of the first plane of anesthesia were employed,

followed by curare intravenously. The results obtained were so dramatically successful as to warrant the continuation of the technic as a routine procedure with further attempts at determining the optimum dosage of curare required.

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## REFERENCES

1. Goodman, L., and Gilman, A.: *The Pharmacologic Basis of Therapeutics*, New York, The Macmillan Co., 1943, p. 497.
2. Bennet, A. E.: Preventing Traumatic Complications in Convulsive Shock Therapy by Curare, *J. A. M. A.* 114: 322-324, 1940.
3. Griffith, R., and Johnson, G. E.: The Use of Curare in General Anesthesia, *Anesthesiology* 3: 418-420 (July) 1942.
4. Cullen, S. C.: The Use of Curare for the Improvement of Abdominal Muscle Relaxation Drug Inhalation Anesthesia, *Surgery* 14: 261-266 (Aug.) 1943.
5. Cullen, S. C.: Clinical and Laboratory Observation on the Use of Curare During Inhalation Anesthesia, *Anesthesiology* 5: 166-173 (March) 1944.

## AN ENDOTRACHEAL TUBE FOR BABIES

In an earlier communication (1) the use of a compound endotracheal tube was suggested for infants. This tube has now been improved and has been used by the author, in two sizes, as illustrated, in many cases. As suggested originally, it has been possible, by the use of these tubes, to intubate infants who would otherwise have been denied the privileges of endotracheal anesthesia. It has also been the means of less traumatic intubation in 2 to 3 year old babies, as it can be inserted in tiny larynges with the greatest of ease.

A smaller tube is used in infants up to 1 to 2 years; the larger tube from 1 to  $2\frac{1}{2}$  or 3 years.

Insertion, as has been said, has always been easy. The airway has proved adequate in all cases. It has proved advantageous to couple the use of these tubes with the administration of ether-oxygen vapor by Ayre's technic.

In these improved tubes the short, narrow, distal portion has been stretched around the wider proximal part of the tube. By this means it is now easy to insert a number 8 Fr. catheter into the trachea; no resistance is met at the junction of the two tubes, as was occasionally the case in the original tube. The number 8 catheter can often be inserted, if well lubricated, through the curved metal connection shown in the illustration. A one-piece, molded, tapering or "step-down"

tube, unobtainable now, would be ideal for infant and baby use.

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#### REFERENCE

1. Cole, Frank: A New Endotracheal Tube for Infants, *Anesthesiology* 6: 87-88 (Jan.) 1945.

#### CORRESPONDENCE

##### *To the Editor:*

I have just finished reading the letter of Dr. Frank Cole in the correspondence section of *ANESTHESIOLOGY*, September issue.

This letter places me in an embarrassing position for it can convey an erroneous impression to some readers. Frank Cole's paper was published in the January 1945 issue. My letter to you, the Editor of *ANESTHESIOLOGY*, was sent December 5, 1944. At that time Frank Cole's paper was not yet in the literature. Therefore, my statement, which he comments upon in his letter, was absolutely correct even though he may have submitted his paper to you before I wrote you.

I can't help but feel that it is the duty of your staff to clarify such a misunder-

standing by informing the protesting correspondent so that he may know the facts. Then his letter need not have come out in *ANESTHESIOLOGY* and no erroneous impressions would have been created.

Yours very truly,

JOHN BRODY, M.D.,  
*New Haven, Conn.*

*Editor's Comment:* This was no oversight on the part of the editorial staff. It was allowed to stand as a way to bring the attention of our readers the fact that "submitted for publication" dates, even though advisable, could not be instituted nor employed during the war years. It is hoped that such a system can be initiated with a return to normal conditions.

#### NEW COMMITTEE OF THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS, INC.

A Committee on Constitutional Amendments has been appointed by the President, the chairman of which is Major Edward B. Touhey. The function of this committee will be to receive suggestions for amendments to the constitution and by-laws of The American Society of Anesthesiologists, Inc., and to prepare them in suitable form for presentation to the Society membership.