

pane is its explosibility but this need not necessarily contraindicate its use if proper precautions are observed. . . . Most surgeons and anesthetists agree that as a rule ether is not a desirable agent for routine use in operations on the thyroid. However, if it is felt that an inhalation anesthetic agent is indicated (perhaps with an intratracheal tube) moderate amounts of ether may be administered with comparative safety to a patient for whom a gaseous anesthetic agent is inadequate. For a child undergoing an operation on the thyroid, inhalation anesthesia, preferably intratracheal, becomes the method of choice and moderate amounts of ether may be administered without untoward effect. . . . Intratracheal anesthesia is probably the method resulting in the most efficient second-to-second control if the gland is large or substernal or if there is pressure on, or deviation of, the trachea. . . . If pentothal sodium is used as the sole anesthetic agent, mechanical obstruction of the upper part of the respiratory tract or obstruction due to laryngeal spasm can occur. Since the laryngeal reflexes probably will be still active, it may be difficult to insert an intratracheal tube without trauma, if the need arises. Certain patients suffering from thyroid disease who are unusually hyperactive may require large amounts of the drug, which may result in a prolonged postoperative sleep, accompanied by restlessness or excitation during recovery. All these side effects are undesirable.

"For those who wish to take advantage of the desirable features of intravenous anesthesia, we feel that its use as an adjunct to other methods of anesthesia produces the best results. . . . In order to obtain the fullest benefit from the choice of anesthesia, the problems of the individual case should be

weighed preoperatively by the surgeon and the anesthetist."

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REA, C. E.: *A New Plan in the Operative Treatment of Patients with Severe Hyperthyroidism: the Use of Spinal Anesthesia as an Adjunct to their Preoperative Care.* Surgery 16: 731-738 (Nov.) 1944.

"It is the purpose of this communication to report briefly the employment of spinal anesthesia as an adjunct to the operative management of severe hyperthyroidism. This plan has been employed in twenty cases with real satisfaction. Whereas the use of spinal anesthesia in the management of postoperative thyroid storm has been described previously from this clinic [Department of Surgery, University of Minnesota Medical School, Minneapolis, Minnesota], and whereas Crile and Bartels, Stuart, and Johnson have employed spinal anesthesia for a similar purpose, the basis of the proposal described herein is predicated on the thesis that an effective spinal anesthesia, which would inhibit medullary adrenal releases during the operation, would help to forestall the occurrence of immediate severe postoperative reactions. It is not the intent to secure anesthesia to a level (second to fourth cervical segment) which would permit the operation being done under this agency alone. On the contrary, a somatic analgesia to about the fourth dorsal segment is derived with the use of spinal anesthesia, the analgesic for the performance of the operation upon the neck being obtained with the use of other agents—usually a combination of pentothal and cyclopropane. . . . The idea is rational and feasible; further investigation is necessary to determine how valid the premises are." 11 references.

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