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### Surgery

**ARTHRITIC PATIENT** The patient with rheumatoid arthritis frequently develops problems related to steroid therapy, the airway and the spine. The severely disabled arthritic patient is considered to have adrenal insufficiency for a year after discontinuation of steroid therapy. When the larynx is involved by arthritis, tracheal intubation should be avoided if possible. If tracheal intubation is necessary, a small endotracheal tube should be selected and sterilized before it is inserted. Physiologic saline solution is a good lubricant for the endotracheal tube. If the neck is fixed in marked flexion or rotation, the trachea must be intubated using topical anesthesia. Using x-ray, a satisfactory intervertebral foramen that will allow passage of a 20-g needle for spinal anesthesia can usually be located, even in a patient with an ankylosed spine. Axillary perivascular brachial plexus block was used in 40 per cent and intravenous regional anesthesia in 25 per cent of arthritic patients undergoing surgical operations on the hands. (Krishner, J. A.: *The Anesthetist Surveys the Arthritic Patient*, *Surg. Clin. N. Amer.* 49: 757 (Aug.) 1969.)