

lumen measuring 8 mm., but the one originally described seems satisfactory for use in infants.

One of the advantages claimed for endotracheal anesthesia is the reduction of dead space to a subphysiologic volume. When the resistance offered by a tube is considered, whether the patient be an infant, child, or adult, this diminution of dead space may be looked upon as a disadvantage. This effect is most striking in infants.

SUMMARY

Intubation of infants is always undertaken with caution, and often abandoned

because of the narrowness of the tube that must be used and its consequent resistance to breathing. A tube is described which is narrow only for a short distance, that is, only where it need be narrow, and which is considerably wider in its upper three-fourths. Such a tube has proved satisfactory in an operation on a four months old infant. It is felt that intubation in infants may be safely performed far more frequently by the use of such tubes.

FRANK COLE, M.D.

*Division of Anesthesiology,
University of Minnesota Hospitals,
Minneapolis, Minn.*

CORRESPONDENCE

25 October 1944

Dr. Henry S. Ruth, Editor
218 Derwen Road
Merion, Pa.

Dear Doctor Ruth:

I thought that you would be interested to know that the Section on Anesthesia of the Royal Society of Medicine held its first Autumn meeting on 4th October at 1 Wimpole Street, London W.1. The new president, Dr. Frankis Evans, gave his presidential address. The title was "Anesthesia and all that." He covered points in progress that had been made throughout his career in the specialty. The coverage was very interesting because he did it with a sufficient amount of typical Evans humor interspersed.

Forty-six American anesthetists attended the meeting of the section and after its completion the group reconvened for a conference at which Lt. Col. Norton Canfield, Senior Consultant in Otolaryngology, discussed the Mechanism of the Larynx and followed his discussion with a movie prepared by the Bell Telephone Laboratories, N. Y. C., showing the larynx in motion during phonation. Exposures had been made at an extremely rapid rate and projection showed slow motion. At this juncture the English anesthetists who attended withdrew, and the conference group went into business session to elect a chairman and secretary for the ensuing year, to replace Major Ernest Eldridge and Capt. Paul Searles who served in these capacities last year. The newly elected officers are Capt. Arthur LeeRoy and Capt. Lawrence

Schumacher. The next meeting of the section and conference group will be held on 3rd November. For the conference group, Capt. Charles Burstein will present a paper on "Neurogenic Control of the Larynx."

Meetings such as these held last year were well attended. After presentation of the paper of the day, anesthetists were given opportunity to discuss problems occurring in their units, and very frequently were able to offer suggested remedies. It is felt that much good was derived from these activities and I am glad the sick and wounded ultimately benefitted. It is our plan to carry on a similar series of meetings this year.

The arrival of each issue of *Anesthesiology* is eagerly awaited. The News Letter and other information emanating from the Society office is just as eagerly read. We here are always glad to know of the activities of anesthetists at home. Such information is helpful in tiding over periods of enforced leisure and during periods of prolonged overwork it helps to introduce new trends of thought that in themselves are satisfying because of momentary relief from the exacting duties of the day.

Kindest regards.

Sincerely,

RALPH M. TOVELL,

*Lt. Col., Medical Corps,
Headquarters,
European Theater of Operations,
United States Army,
Office of the Chief Surgeon,
A.P.O. 887*