The Best Laid Plans of Mice and Men....

By Clyde W. Jones, M.D., F.A.C.A.

In 1969-1971, I was stationed in Guam, Mariana Islands, as Chief of Anesthesiology at the U.S. Naval Hospital. Besides active duty personnel and retired personnel and their dependents, we also provided care for personnel of the U. S. Trust Territories in the area, designated Trust Territory Beneficiaries. It was such a patient who is the subject of this story.

A young man from the Island of Truk was spear fishing with his uncle, when his uncle let fly a projectile which completely missed the marine quarry and hit his nephew, entering the right nostril and, without injuring the external nasal structure, embedded itself in the cervical spine. Such a feat could not be repeated statistically even if this avuncular marksman tried intentionally. They were advised not to attempt to withdraw the harpoon, but to cut the shaft shorter, keep the victim immobile and prepare him for air evacuation to Guam for definitive treatment This was easier said than done.

The plane dispatched to transport the patient from Truk had to be refueled in flight on its way to Guam. Being a slower aircraft, it had to fly at maximum speed while the tanker flew close to stall speed to accomplish this maneuver. The arrangements and transportation took several hours, delivering the hapless young man to Guam almost 96 hours after his injury. When I met him in the Emergency Room, I issued those comfortable words, “Have no fear, Jones is here.”

I had over those days of transport crystallized my anesthetic plan. With simplicity the watchword I planned, after evaluation, laboratory tests and x-rays, to preoxygenate the lad, precurarise him and give him an unquestionably generous dose of sodium pentothal and succinylcholine. Afterward I planned to intubate him with skill and celerity, and turn over the flaccid, anesthetized patient to the Head and Neck and Neuro surgeons assembled for the occasion.

I had had a large bore catheter started by one of my experienced Hospital Corpsman, renowned as a phlebotomist in handling trauma victims in the field, including Vietnam. Soon after I administered the induction boluses and before I could briskly and adroitly intubate the trachea, the patient, who had

been kept sandbagged and virtually immobile for days, began to flail and move uncontrollably. I was shocked, mystified and humiliated, to say the least, and the surgeons were alarmed and saw possible irreversible consequences.

The Neurosurgeon made a snap decision to quickly withdraw the spear and did so. It exited the nasal aperture at once, followed by hardly a drop of blood. Obviously we were all relieved. With an opportunity to evaluate the situation, I inspected the phlebotomy side and observed a significant pharmaceutical tumefaction. I believe it was mainly an anectinoma. Despite the carefully formulated plans, we were almost sabotaged by something as mundane as an infiltrated IV. After restarting the IV and recovering the patient from a large dose of Anectine by unintentional hypodermoclysis, all was well. It occurred to me that had his uncle withdrawn the shaft, the outcome might very well have been the same. This was yet another episode in my career that tends to provoke humility at times when I am apt to display braggadocio and conceit. Vive la humilité!