Restoration of esophageal continuity by colon transplant after resection for benign or malignant disease is a safe and practicable procedure. The two-team approach, where possible, contributes significantly to reducing operative time and trauma.

Herbert A. Selenkow, MD, discusses the management of common thyroid problems. Despite the relative abundance of dietary iodide in the New England area, goitrous enlargement, both diffuse and nodular, occurs frequently in association with normal thyroid function as well as with myxedema or hyperthyroidism. Fortunately, current knowledge of the physiologic and biochemical pathways incident to thyroid hormonogenesis permits a sound, scientific therapy. In the summary, the author points out that most disorders of thyroid size or function are clinically recognizable and, if properly diagnosed, respond well to relatively simple therapeutic programs. The author further urges that use of all laboratory and diagnostic facilities on hand with prudence and careful deliberation.

Allan J. Ryan, MD, stresses the importance of properly fitted protective equipment in sports. "No matter what care is exercised, it is impossible to protect the athlete against every possible injury. We know by experience, however, that many minor injuries can be prevented by the use of protective equipment. Once this equipment enters the picture several new factors are introduced into the injury situation. First, the equipment may not be sufficiently strong or protective to do the job required. Second, the equipment must be properly fitted and applied to the athlete in order to afford the protection for which it is designed. Third, the equipment must be kept in place as it is initially applied. Fourth, the equipment may satisfy the first three requirements but yet because of its nature or effect in action pose an additional hazard to the athlete wearing it or to another competitor." The most expensive piece of athletic equipment may offer only poor protection if it is not properly fitted.

Jonathan Goldstein, MD, Augustine Manocchia, MD, and Wayne Trotter, MD, offer an evaluation in "CPR: Ready or Not? A Rhode Island Perspective," noting that more trained persons and programs in retraining are both desirable. Since 1973, citizen-initiated cardiopulmonary resuscitation has been established as a key first link in the community's emergency response team. For this scheme to work, some segment of the population must be taught CPR, and must be confident enough to use it and to use it with some degree of competency. Their study uncovers several shortcomings in the present implementation of community-based CPR program in Rhode Island including a lack of involvement of the over-40 age group, decreased participation by those less well educated, lack of proportional increase in CPR training among those having household members at increased risk of sudden death, and poor compliance with the American Heart Association's recommendations regarding certification one year after training.