that whether the regional anaesthesia has advantages for both the mother and baby over general anaesthesia has yet to be determined in East Asia.

Conflict of interest
None declared.

K. Y. Yoo*
B. Y. Park
J. U. Lee
Gwangju, Republic of Korea
*E-mail: kyyoo@jnu.ac.kr

doi:10.1093/bja/aer276

Tracheal intubation with the direct and indirect laryngoscopes in patients with cervical spine immobilization

Editor—In a randomized, controlled clinical study in patients with cervical spine immobilization, McElwain and Laffey demonstrated that intubation performance of the Airtraq laryngoscope produced a reduction in the Intubation Difficulty Scale (IDS) score, improvement in the Cormack and Lehane glottic view, and decrease in the need for optimization manoeuvres, compared with both the Macintosh and C-MAC laryngoscopes. In addition to the limitations described in the discussion, there are additional issues affecting the conclusions of this study.

First, a significantly better laryngeal view was obtained with the Airtraq laryngoscope compared with the Macintosh and C-MAC laryngoscopes. However, the authors did not provide the blade sizes of the Macintosh and C-MAC laryngoscopes used in this study. We would like to know whether a single size blade was used for all patients in the Macintosh or C-MAC group. The C-MAC laryngoscope has two Macintosh blades (sizes 3 and 4) available for the adult patients. The size 3 blade, it is preferred for daily practice. The size 4 blade is more curved, resulting in a higher angulation with a wider view of the glottis, which may be advantageous if

W. Birts*
A. Combeer
Epsom, UK
*E-mail: willbirts@hotmail.com

Reply from the authors

Editor—We thank Drs Birts and Combeer for their constructive comments on the use of and consent for general anaesthesia for Caesarean delivery in patients with pre-eclampsia in our study. In particular, they are concerned about a transient but severe hypertension along with cerebral haemorrhage and cardiac failure after tracheal intubation, and risk of airway complications. We understand, in most Western countries, neuraxial anaesthesia is the standard for elective Caesarean delivery and has become a preferred technique in many institutions. Nevertheless, the potential risks and benefits of general, spinal, or epidural anaesthesia were explained to patients, who accepted the anaesthetist’s inclination towards general anaesthesia and gave their written informed consent to participate in our study. As far as exaggerated pressor response to laryngoscopy and tracheal intubation is concerned, we feel that general anaesthesia with the aid of ultra-short-acting remifentanil described in our article would be acceptable, if not ideal, for gestational hypertensive women. To date, we have not encountered any disastrous consequences due to pressor response and airway problems during Caesarean delivery. While there is a preference for regional anaesthesia for Caesarean delivery in current anaesthetic practice in Western countries, we believe

doi:10.1093/bja/aer276

Drs Birts and Combeer for their constructive comments on the use of and consent for general anaesthesia for Caesarean delivery in patients with pre-eclampsia in our study. In particular, they are concerned about a transient but severe hypertension along with cerebral haemorrhage and cardiac failure after tracheal intubation, and risk of airway complications. We understand, in most Western countries, neuraxial anaesthesia is the standard for elective Caesarean delivery and has become a preferred technique in many institutions. Nevertheless, the potential risks and benefits of general, spinal, or epidural anaesthesia were explained to patients, who accepted the anaesthetist’s inclination towards general anaesthesia and gave their written informed consent to participate in our study. As far as exaggerated pressor response to laryngoscopy and tracheal intubation is concerned, we feel that general anaesthesia with the aid of ultra-short-acting remifentanil described in our article would be acceptable, if not ideal, for gestational hypertensive women. To date, we have not encountered any disastrous consequences due to pressor response and airway problems during Caesarean delivery. While there is a preference for regional anaesthesia for Caesarean delivery in current anaesthetic practice in Western countries, we believe...