Sir,—I have read the paper written by Dr Aro and his colleagues (Brit. J. Anaesth. (1971), 43, 1081). The advantages of this method have been stated to be its simplicity and safety. It is evident from Dr Aro's paper that some space is available in the mouth for the introduction of a bronchoscope and to thread a tube over the wire stilette.

I suggest a little modification of the method for the sort of situations described in Dr Aro's paper. The endotracheal tube may be threaded over a suitably sized bronchoscope after lubricating the outside of the bronchoscope. The endotracheal tube and the bronchoscope can then be passed into the trachea (fig. 1A, B) and the bronchoscope withdrawn leaving the tube in the trachea. This method also enables intubation to be performed under direct vision. It has the further advantage of reducing the whole procedure by one step. The anaesthesia can be the same as that employed in Dr Aro's technique.

R. K. Mirakhur
Chandigarh, India

FIG. 1