the present study were similar to those in group NI children in an earlier paper on isoflurane induction in children published by two of us [2].

We agree with Dr Lewis’s opinion that oximetry becomes less useful if it distracts the anaesthetist from assessing and managing the airway, but suggest that this is much less likely to occur if an induction technique with a low incidence of respiratory complications and consequent desaturations (such as that used in our group C children) is used.

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REFERENCES

Wilson and colleagues [4] found the incidence of Cormack and Lehane grade 3 (when laryngeal pressure was applied) was 5.4% in a retrospective series (they suggest eagerness in reporting or a lower proportion of experienced anaesthetists), and 1.3% in a prospective series; their incidence of grade 4 was 0.5% and 0.3% in the retrospective and prospective series, respectively. Of course the frequency with which these grades occurs varies from one group of 1000 patients to the next, but my unpublished experience leads me to support the figures reported by Wilson and colleagues.

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REFERENCES