humain brain slices by histochemical methods.³ Based on these findings, and with the inadequate level of current knowledge on the actual number of active enzyme receptors and substrate concentrations in vivo at distinct cholinergic receptor sites, one cannot rule out the practical clinical value of this "academic" finding of a moderate PChE inhibitory effect.

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Nuffield Department of Anaesthetics, Oxford

To the Editor:

A scientific meeting will be held in Oxford from 23rd-25th July, 1987, to celebrate the Fiftieth Anniversary of the founding of the Nuffield Department of Anaesthetics. This meeting will follow the Second World Congress on the History of Anaesthesia, which is to be held in London from 20th-23rd July, 1987.

Anaesthetists and others who have had connections with the department are invited to write to:

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Radcliffe Infirmary,
Woodstock Road,
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enclosing their full name and postal address so that they may be circulated with further particulars.

Professor M.K. Sykes
University of Oxford

Transtacheal ventilation

To the Editor:

I was interested to read the report by Ravussin and Freeman on transtracheal ventilation.¹ Two points are worth raising, firstly that high frequency ventilation is not necessary to produce oxygenation. A simple hand-operated trigger device such as the Sanders bronchoscope injector can be used in most instances equally well^{2,3} and is more likely to be available in the emergency situation.

Secondly, in the interests of safety, I would like to stress the importance of a clear upper airway to allow the inflated gases to escape. This is best achieved with the patient's neck in the extended position (as for thyroidectomy). In my experience (in 60 cases) the surgeon can easily flex the head and neck while working on the lower jaw for example, resulting in obstruction of the gas escape pathway. Extra vigilance is necessary when using transtracheal ventilation, to prevent the occurrence of high pressure in the lower airways, leading to possible pneumothorax and emphysema.

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REPLY

We thank Dr. Layman for his letter. He points out two major aspects of great importance: (1) that when transtracheal jet ventilation is used, a clear upper airway is