opposite of the authors, their objective data do not support their conclusion.

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REPLY:

Thank you for the opportunity to reply to the letters by Drs. Stasiuk and Lee on our article.¹

First of all we appreciate Dr. Stasiuk's comments on intubation failure with a stylet. Although Dr. Stasiuk has described an ingenious method of styletted tracheal intubation based on physical principles and years of experience,² our method for maneuvering a tracheal tube with a stylet is, roughly, the same. We also have routinely used a stylet as an aid to tracheal intubation because we believe that styletted intubation should be a simple and reliable method for unsuspected difficulties with intubation or in emergency situations when applying cricoid pressure.

We also thank Dr. Lee for sharing his own data. We are impressed with Dr. Lee's analysis of intubation time using each device, although his data are from routine clinical practice without applying cricoid pressure and differences seem clinically trivial. Applying cricoid pressure worsens the view of the larynx⁴ and often causes subsequent difficulty even in the use of a stylet, as shown in our study. In the United Kingdom, most anesthesiologists use a gum elastic bougie routinely when they encounter insufficient laryngeal exposure during laryngoscopy.³ This is exactly the background of our study in which the ease of tracheal intubation with a stylet was compared with a gum elastic bougie when applying cricoid pressure.

We agree that the constructive use of a J-shaped tracheal stylet unit through the laryngoscopic channel may be optimal for a smooth tracheal intubation;² however, we also believe every anesthesiologist should use other sophisticated intubating devices without resorting to a stylet in all cases of unsuspected difficult intubation.

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