confirm in humans an action similar to that in other species) and also to provoke speculation on the type of β-receptors existing at the lower end of the human oesophagus.

M. VATER
D. FELL
B. COTTON
G. SMITH
Leicester

REFERENCES


PORTABLE VENTILATORS

Sir,—In our clinic we use, when necessary, a ventilator during transport of critically ill and post-operative patients. When our portable ventilators (Oxylog, Drager and carryvent, AMI) are used, patients exhale through a non-return valve. In that situation the expiration pressure is not measured by the manometer of the expiratory diverter. We hope to be able to send you a production sample of this within a few weeks.

Tore LAERDAL
Stavanger, Norway

INVOLUNTARY MUSCLE MOVEMENT

Sir,—I was interested in the observation by Klausen and his associates (1982) on the inability of buprenorphine to prevent the myoclonia associated with etomidate.

Fentanyl in doses of the order of 0.1 mg i.v. also fails to abolish etomidate-induced myoclonia. In contrast, fentanyl completely abolishes the involuntary muscle movements associated with methohexitone, so that a combination of fentanyl and intermittent methohexitone can provide satisfactory anaesthesia for short procedures (Goroszeniuk, Whitwam and Morgan, 1977). This is not true for etomidate.

J. G. WHITWAM
London

REFERENCES


PLATELET FUNCTION IN MALIGNANT HYPERPYREXIA

Sir,—The observation that platelet aggregation may be abnormal in patients who are susceptible to malignant hyperpyrexia (MH) (Zsigmond, Penner and Kothay, 1977), has prompted us to examine platelet aggregation as a possible predictive test to assess susceptibility to MH.

Platelet aggregation was studied in 19 individuals who were