defibrillation attempts [3]. Such evidence must now seriously call into question the continued role of lignocaine as the recommended second-line drug treatment for ventricular fibrillation.

Second, in the past few years the effectiveness of the class III antiarrhythmic drugs (namely amiodarone, bretylium and sotalol) has been investigated. In particular, the effectiveness of amiodarone [4] and the ineffectiveness of bretylium [5] to reduce the defibrillation threshold in the chronically instrumented dog model has been highlighted. Such evidence might have been usefully included in the review to assist in the future identification of suitable drugs during cardiopulmonary resuscitation.

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Sir,—I am grateful to you for the opportunity to reply to the letter by Drs Quiney and Allen. I believe that lignocaine has not proven to be of substantial value in the treatment of cases of ventricular fibrillation because of, not only its potential to increase the defibrillation threshold, but also its negative inotropic activity [1]. Its use is probably best reserved for cases of persistently recurring ventricular fibrillation after electrical defibrillation, particularly in association with reperfusion occurring after open heart surgery [2].

Neither bretylium nor amiodarone have attracted sufficient support in the clinical field as yet to enable them to be recommended confidently [3]. Of the two, amiodarone appears to have the brighter future, on present evidence.

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REGURGITATION AND THE LARYNGEAL MASK AIRWAY

Sir,—I read with interest the study by Rabey and colleagues [1] demonstrating a reduction in lower oesophageal sphincter pressure (LOSP) during halothane anaesthesia with a laryngeal mask airway compared with a Guedel oral airway. When LOSP is measured continuously, the end-expiratory pressure can vary greatly over a 5-min period [2]; I am concerned that when LOSP is measured for a moment in time with the pull-through technique used by Rabey and colleagues, it may be subject to a significant error. Furthermore, as decreased LOSP values of 5-6 cm H₂O greater than gastric pressure are sufficient to prevent gastro-oesophageal reflux, even during...