responsible" seems to me a hyperreaction on the part of your correspondents.

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The addendum to which Dr. Goudsouzian *et al.* and Dr. Glauber refer was mistakenly published without editorial approval.

Ronald D. Miller, M.D., Editor

Anesthesiology 68:649, 1988

A Modification of Magill's Forceps

To the Editor:—Many anesthesiologists have experienced the frustration of air leaking through a torn endotracheal tube cuff after using Magill's forceps. We have modified Magill's forceps by filing off the teeth of the forceps and making the two grasping surfaces smooth. Following this modification, we have not experienced any problems from torn cuffs. Furthermore, no air leaks have occurred after deliberately grasping the cuff 20 times with the modified forceps.

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Malignant Hyperthermia, Congenital Anomalies, and DNA Linkage Analysis

To the Editor:—We are engaged in an effort to add malignant hyperthermia (MH) to the list of neuromuscular disorders in which a DNA marker is available for genetic counselling and screening.1 Even though recent advances assure at least a 95% success rate in examination of a kindred's entire genome, the search is considerably narrowed if the gene can first be assigned to a specific chromosome. Chromosomal deletions, translocations, and duplications that may give rise to dysmorphic features are detectable with a high degree of resolution by contemporary cytogenetics. The association of MH with congenital anomalies, such as the King Syndrome,3 therefore affords a unique opportunity to ascertain the likeliest chromosome for DNA linkage analysis. We request that colleagues having knowledge of MH occurring in patients with congenital anomalies contact us at the address below. A brief clinical history, and 10cc of blood from children or 50cc from adults, would be all that is required of appropriate individuals.

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