To the Editor:—I am the Vice-President of a large anesthesia practice based in Massachusetts. Our group provides services to a number of community hospitals, surgery centers, and an academic medical center. During the past 3 yr, our practice has acquired a number of Glidescopes (Verathon Medical, Bothell, WA), and we are using them with increasing frequency. It is now common for the Glidescope to be used as the first-attempt intubation device in patients who clinically present as a potential difficult airway. This is very much the case for patients undergoing bariatric surgery. A number of studies have shown that the Glidescope and other video airway devices, such as the Airway Scope (Pentax, Tokyo, Japan) and the Airtraq (King Systems, Nobles-ter. During the past 3 yr, our practice has acquired a number of Glidescopes (Verathon Medical, Bothell, WA), and we are using them with increasing frequency. It is now common for the Glidescope to be used as the first-attempt intubation device in patients who clinically present as a potential difficult airway. This is very much the case for patients undergoing bariatric surgery. A number of studies have shown that the Glidescope and other video airway devices, such as the Airway Scope (Pentax, Tokyo, Japan) and the Airtraq (King Systems, Nobles-ter. During the past 3 yr, our practice has acquired a number of Glide...