ments, more precise data for Fi_{98} could have been obtained, but at the sacrifice of simplicity. It is mandatory to determine Fi_{98} by lowering FiO_2 , and not by raising it, because the oxyhemoglobin dissociation curve approaches a plateau at high oxygen tensions. This results in a relatively wide range of FiO_2 values, which can all yield 98% saturation. Therefore, Fi_{98} determined by raising FiO_2 will be much different from that determined by lowering FiO_2 .

Our method would be more sensitive if we had used lower SaO_2 values, such as 90 or 95%. If we had used a lower SaO_2 value, we would also have been able to evaluate severely hypoxic patients, such as those whom we defined simply as having an Fi_{98} above 1.0. The problem, however, is that we then would need to use a hypoxic gas mixture for those patients with normal or only mildly impaired pulmonary oxygenation to achieve an SaO_2 of 90 or 95%, and the blender cannot deliver less than 20.9% oxygen. Because the aim of our study was to find a simple indicator of pulmonary gas exchange impairment that can be used in a wide variety of patients, we adopted Fi_{98} as an appropriate indicator.

It is well known that SaO_2 at a given PaO_2 is influenced by pH, PCO_2 , and temperature. Their effects on SaO_2 are greatest at the steep portion of the oxyhemoglobin dissociation curve and least at the uppermost part of the curve. Because high SaO_2 values, such as 98%, are located at the uppermost part of the curve, we did not make any correction of Fi_{98} for changes in these factors.

The findings in this study emphasize the importance of Fi_{98} as a simple index for the rough estimation of pulmonary gas exchange impairment that avoids the need for blood sampling.

Several miscellaneous points should be stressed. First, the correlation with $P(A - a)O_2$ is probably more germane than that with the RI, as the latter is a controversial value. Second, our method needs to be tested in patients during unstable hemodynamic conditions or with poor peripheral circulation. Third, our method needs to be tested using other brands of oximeters, since the value of Fi_x may change according to the brand of pulse oximeter.

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CORRECTION

In the Table of Contents for the January issue, the name of G. Todd Schulte, BS, was inadvertently omitted as one of the authors of a Book Review of *Clinical Monitoring Practice, Second Edition*, by J. S. Gravenstein and David A. Paulus. As noted in the book review on page 68 of the January issue, Mr Schulte and Frank A. Block, Jr, MD, were co-authors of the book review. The Publisher apologizes for this omission.