Correspondence

Apology

To the Editor:

Patient data that we published in the Canadian Journal of Anaesthesia¹ were used as a comparison group in two subsequent papers.^{2,3} One of the latter papers² made a comparison with an entirely new group of patient data, whereas the other³ reported use of a unique statistical treatment to analyze data among groups.

In the first paper¹ a much more thorough treatment of the effects on both neuromuscular blockade and circulation caused by mivacurium during nitrous oxide-narcotic anaesthesia was compared to patients receiving mivacurium during nitrous oxide-isoflurane anaesthesia (90 patients were described in the nitrous oxide-narcotic group, whereas 45 of these were used as a comparison group in the other two papers*). We used data from those patients who received mivacurium doses of 0.03–0.15 mg·kg⁻¹ during nitrous oxide-narcotic anaesthesia so as to provide comparison data for our studies during other anaesthetics. We failed to clarify this by appropriate references in subsequent papers.

In the third paper,³ slopes and intercepts of the dose-response curves for mivacurium during the three types of anaesthesia were uniquely compared using a *t* test for multiple comparisons described by Winer and noted as reference number eight in this paper. This analysis is not found in either of the other two papers.

We were in error in failing to acknowledge that data from 45 patients were common to all three papers and that data from an additional 45 patients (anaesthetized with isoflurane) were common to two papers.^{1,3} We should have asked permission from the Canadian Journal of Anaesthesia to use these data for comparisons in our other manuscripts. Copies of the other manuscripts should have been included for each Journal's review at the time of original submission and they should subsequently have been properly cross-referenced. We apologize for this error.

Finally, we have thought carefully about the sequence of events which occurred here and have tried hard to understand our actions and our *intent*. We had no *intent* to

deceive. This was a large project, with 171 patients studied. The three manuscripts were all prepared and submitted at about the same time (February 21 to March 7, 1989) and we failed to ask for permission or properly cross-reference them. The data are true and correct responses to mivacurium during three types of anaesthesia.

Won W. Choi MD
Robert P. From DO
Kent S. Pearson MD
Martin D. Sokoll MD
Department of Anesthesia
College of Medicine
The University of Iowa
Iowa City, Iowa 52242

REFERENCES

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- 2 From RP, Pearson KS, Choi WW, Abou-Donia M, Sokoll MD. Neuromuscular and cardiovascular effects of mivacurium chloride (BW1090U) during nitrous oxide-fentanyl-thiopentone and nitrous oxide-halothane anaesthesia. *Br J Anaesth* 1990; 64: 193–8.
- 3 Pearson KP, From RP, Choi WW, Abou-Donia M, Sokoll MD. Neuromuscular and cardiovascular effects of mivacurium chloride (BW1090U) during nitrous oxide-narcotic, nitrous oxide-halothane and nitrous oxide-isoflurane anesthesia in surgical patients. *Middle East J Anesthesiol* 1990; 10: 469–77.

The cervical spine: additional considerations regarding atlanto-axial subluxation

To the Editor:

We applaud Drs. Crosby and Lui for their recent review of cervical spine considerations for the anaesthetist.¹ We would like to add a few additional points regarding atlanto-axial subluxation with which all anaesthetists should be familiar.

*The first 45 patients from the nitrous oxide-narcotic group were used as a comparison group in the other two papers. The last 45 patients in the paper¹ in the Canadian Journal of Anaesthesia were given doses which exceeded the ED₉₅.