erative administrated bupivacaine (0.125%) had no benefit in ... splanchnic perfusion, ... in patients undergoing abdominal aortic surgery." We measured only endothelin, ANP, renin, epinephrine, norepinephrine and ADH. These remained almost unchanged in patients receiving EA. It is not implied that EA is unable to optimize splanchnic perfusion in patients without vascular pathology and in other types of surgery that do not require aortic cross-clamping. Also, we did not suggest that EA is worthless in aortic surgery as it optimizes postoperative pain therapy. There surely was an intraoperative analgesic effect of our lumbar catheters, as shown by a significantly lower fentanyl consumption in the epidural group.

Finally, we would like to add that although thoracic EA is used for several procedures at our institution, we do not consider it appropriate for abdominal aortic surgery where the need for intraoperative iv heparin may increase the rate for neurological complications.

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Good advice on airways, but measurements are not parameters

To the Editor:

Hung and Mills' editorial¹ about predicting difficult intubation was useful, but it is a shame they misused their terms. Karkouti *et al.*² correctly referred throughout to *measures* and *variables*; Hung and Mills wrote "no single airway parameter". Hung and Mills then wrote of the analysis identifying "three simple bedside tests... as [the] most useful airway parameters to predict ...". They should have written "three simple bedside tests... as the most useful to predict ...", and they confused meanings more by writing in the very next sentence that the investigators compared their predictions "in terms of three parameters". These were not, as one might suppose at first reading, the three tests, but instead the positive predictive value, sensitivity, and specificity, which are technically *proportions*, but more loosely *statistics*.

Hung and Mills are not alone in using parameter incorrectly.³ They will not be the last, but that does not stop the usage being unwise. According to dictionaries, *variable* is one of the meanings of *parameter*, but scientists need to be more precise. A word such as *parameter*, which can be used for almost anything that can be measured or calculated even if only vaguely - and risks being a scientific thingummy (or, in French, *le machin*) - is best avoided except when it is unambiguously correct. Otherwise we will need to find a new word when we speak of the parameters of the normal distribution (the mean and standard deviation) and of clearance, half-life and volume of distribution as pharmacokinetic parameters.

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REPLY:

We would like to thank Dr. Goodman for his comments. Generally, in the field of statistics, one usually thinks of a parameter as being linked to a particular model. In the third paragraph of our editorial which Dr. Goodman