surgery and the study reluctantly upon the insistence of the patient. With the working diagnosis of petit mal absence, the patient was warned of potential dangers. Both anaesthesia and surgery were uneventful, as was his cataract surgery on the other eye seven weeks later.

Ambulatory surgery has become very popular in recent years and many clinical studies in the future will involve day care patients. Anaesthetist-investigators are likely to meet the patients for the first time on the day of surgery. Is informed consent obtained shortly before anaesthesia and surgery adequate? Would initial recruitment by either the surgeon in the office, or an anaesthetic staff (who may not be the investigator) at the pre-admission clinic before the actual informed consent have been a more appropriate procedure?

Our ethnic diversity from immigration has resulted in a large portion of the population who do not speak our official languages. The ethical problems of obtaining informed consent, via a third party, from patients who do not comprehend the language need to be addressed.

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Errata

Re: *Guest Reviewers and Translators*. Can J Anaesth 1992; 39: 1007-8.

Please note that Dr Martine Pirlet / SHERBROOKE was omitted from the list of 'Translators'.

Campbell FA, Yentis SM, Fear DW, Bissonnette B. Analgesic efficacy and safety of a caudal bupivacaine-fentanyl mixture in children. Can J Anaesth 1992; 39: 661-4.

Please note that the following references were omitted from the original paper.

- 12 *Sevarino FB, McFarlane C, Sinitra RS.* Epidural fentanyl does not influence intravenous PCA requirements in the post-Caesarian patient. Can J Anaesth 1991; 38: 450-3.
- 13 *Cohen SE, Tan S, Albright GA, Halpern J.* Epidural fentanyl/bupivacaine mixtures for obstetric analgesia. Anesthesiology 1987; 67: 403-7.

Re: *Asai T.* Aspiration and the CMA (1); *Shorney N, Brimacombe J.* Aspiration and the CMA (2). Can J Anaesth 1992; 39: 746-7.

Please note that "CMA" should read "LMA."