during resection of colorectal cancer-can monoclonal antibodies do better? Eur J Surg Oncol 1989;15:99-102.

- 8. Quan SH. Cul-de-sac smears for cancer cells. Surgery 1959;45:258-63.
- 9. Mathew G, Watson DI, Rofe AM, Baigrie CF, Ellis T, Jamieson GG. Wound metastases following laparoscopic and open surgery for abdominal cancer in a rat model. Br J Surg 1996;83:1087–9.
- 10. Turnbull RB, Kyle K, Warson FR, Spratt J. Cancer of the

colon: the influence of the no-touch isolation technique on survival rates. Ann Surg 1967;166:420–7.

- 11. Solomon MJ, McLeod RS. Should we be performing more randomized controlled trials evaluating surgical operations? Surgery 1995;118:459–67.
- Neugebauer E, Troidl H, Spangenberger W, Dietrich A, Lefering R. Conventional *versus* laparoscopic cholecystectomy and the randomised controlled trial. Br J Surg 1991;78:150–4.

## ERRATUM

In reference to the article entitled *Effect of Radiotherapy on Anorectal Function in Patients with Cervical Cancer*, by Iwamoto T, Nakahara S, Mibu R, Hotokezaka M, Nakano H, and Tanaka M, appearing on pages 693 to 697 of our June 1997 issue, doses given in the section on "Radiotherapy" (part of the PATIENTS AND METHODS section) should be 1.8 Gy, 42 Gy, 50 Gy, 85 Gy, and 95 Gy.