

in question against the risk/benefit ratio of the available alternatives, and cannot be made by the pharmaceutical industry considering their product in isolation.

We would like to endorse the opinion of the anaesthetic department of The Hospital for Sick Children, Toronto<sup>1</sup> that succinylcholine should continue its important role in the airway management of infants, children and adolescents.

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#### REFERENCE

- 1 Lerman J, Berdock SE, Bissonnette B, et al. Succinylcholine warning. *Can J Anaesth* 1994; 41: 165.

## Anaesthesia – “tricks of the trade”

To the Editor:

When I was a resident I was impressed that many of my staff had these little “tricks” of intubation that they used on the difficult cases. Unfortunately, these little pearls never make it into the publications. They were not submitted for publication because they were felt to be “too minor,” “too obvious” (i.e., “everyone knows that”), “unproven,” “bizarre” (i.e., “too far off the beaten track”), “not publishable,” “works for me, may not work for others,” “heard about it, never tried it” or “only tried it once” or any number of reasons.

It may be that not “everyone” knows “that.” It may be “unproven” or “bizarre sounding,” but it may nevertheless be a life saver at some time. I would like to gather and present these word of mouth “tricks of the trade” to a wider audience – with the suitable caveats of course. I am looking specifically for those gems that are passed on by word of mouth and never make it into

the standard textbooks or promoted in review articles. This may be some special manoeuvre, non-standard use of available instruments or improvised use of some other piece of equipment. A brief note as to the source for the manoeuvre and how it was used would be helpful.

If any publication results, I will cite the sources of all unique “tricks of the trade,” so please identify these on the sheet. Even if no publication results, I will make a copy of the survey available on request, to all contributors.

I would like to ask the readers of the Journal to be so kind as to take a few moments and jot them down on this sheet and either fax 416-586-8664 or send them to me.

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## Erratum

Uchida T, Makita K, Tsunoda Y, Toyooka H, Amaha K. Clinical assessment of a continuous intra-arterial blood gas monitoring system. *Can J Anaesth* 1994; 41: 64–70.

Please note that some of the results in Table II on page 66 were transposed. The corrected numbers are underlined.

TABLE I Correlation analysis and accuracy

	OR	ICU
<i>pH</i>		
Pearson's r value	0.77	0.79
Bias (pH unit)	<u>0.005</u>	<u>0.003</u>
Precision (pH unit)	<u>0.035</u>	<u>0.030</u>
<i>PCO<sub>2</sub></i>		
Pearson's r value	0.77	0.8
Bias (mmHg)	-2.8	<u>2.1</u>
Precision (mmHg)	<u>3.9</u>	3.8
<i>PO<sub>2</sub></i>		
Pearson's r value	0.95	0.98
Bias (mmHg)	0.9	8.5
Precision (mmHg)	29.9	14.7
<i>PO<sub>2</sub> &lt; 200 mmHg</i>		
Bias (mmHg)	0.6	7.0
Precision (mmHg)	18.1	12.0