

## Erratum 1

In the article entitled: "Management choices for the difficult airway by anesthesiologists in Canada", published in the October 2002 issue, *Can J Anesth* 2002; 49: 850–856, the numbers in the columns of Table II were printed incorrectly. The corrected Table II appears below.

TABLE II Preferred induction and intubation methods among Canadian anesthesiologists

Clinical Scenario	Induction (% respondents)			Anesthesia technique						
				Intubation (% respondents)						
	Asleep iv	Asleep Inhal.	Awake	Direct Laryngoscope	FOB	Lighted Stylet	Intubating LMA	Surgical Airway	Other	Spinal
1. Tonsillectomy – bleeding postop for exploration	88	3	9	97						3
2. Cervical cord compression for discectomy	31	2	67	21	63	13				3
3. Laryngeal tumour with stridor for laryngectomy	1	9	90	16	45			38		1
4. Mediastinal mass with supine stridor	3	34	63	39	57					4
5. MVA, cervical spine not cleared, uncooperative.	90	4	6	67	8	15				10
6. Laparoscopic cholecystectomy Mallampati IV	24	11	65	14	61	14	7			4
7. Retropharyngeal abscess, can't swallow, for drainage	7	23	70	37	50			8		5
8. Stat Caesarian section for fetal distress, "airway difficult"	50	3	47	47	19	6	7			5
9. Closed head injury, GCS 5, cervical spine <i>x-rays</i> normal	96	1	3	93						7
10. Previous anesthetic showed arytenoids only on laryngoscopy	49	14	37	24	40	23	8			5

Inhal. = inhalational; FOB = fiberoptic bronchoscope; LMA = laryngeal mask airway; MVA = motor vehicle accident; GCS = Glasgow Coma Score.

## Erratum 2

In the article entitled: Current equipment alarm sounds: friend or foe? (Editorial), published in the March 2003 issue, *Can J Anesth* 2003; 50: 209–14, 1) the spelling of the name Findlay (throughout the text) should read Finley; 2) Reference 1 should read: *Mondor TA, Finley GA*. The perceived urgency of auditory warning alarms used in the hospital operating room is inappropriate. *Can J Anesth* 2003; 50: 221–8.