ning of the case, but soon settled down. In the model I evaluated there is even a signal quality indicator, indicating the degree to which the displayed data was trustworthy.

However, despite its enormous potential, there are many unresolved issues in the field of BIS monitoring. Is a score of 50 under isoflurane anesthesia always the same as a score of 50 under propofol anesthesia? Or, since the EEG of newborns is necessarily different from that of adults (because of maturational effects) how does one interpret BIS scores in the pediatric population? Also, it is not always possible to compare new studies with old studies directly since the monitors released to investigators were periodically upgraded with new software releases which improved the algorithm. These, and many other issues, are the subject of continuing investigation around the world. While only time will tell whether BIS monitoring here to stay, based on the number of publications in the medical literature, this technology looks quite promising.

Of course, Advent Medical Systems is not the only company interested in EEG processing. The biomedical engineers at Datex have ambitious plans to launch a similar technology based on a concept known as signal "entropy". At the World Congress in Montreal in June, Datex offered a number of presentations and handouts that hinted at their new vision in

EEG monitoring. They made it clear that they" want in".

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Erratum

Le May S, Dupuis G, Harel F, et al. Clinimetric scale to measure surgeons' satisfaction with anesthesia services. Can J Anesth 2000; 47: 398-405.

In the accompanying Editorial by Drs. R.L. Helmreich and M. Musson, the first author's name was misspelt as McVey and should read Le May. We apologise for any inconvenience caused.