place in early 2003, our error was reported to Canadian and American federal agencies on the day it was detected and to the public the day after.2

Ryan’s death was a devastating event for the Lucio family. It rocked our hospital as well, leading not only to an extensive systematic review and a revamping of our procedures in clinical trials but also to considerable anguish and soul searching. To compound this tragedy by suggesting there was a cover up is simply incorrect and questionable reportage.

Michel Bilodeau
President and CEO
Chief of the Medical Staff, The Children’s Hospital of Eastern Ontario, Ottawa, Ont.

Competing interests: None declared.

REFERENCE

DOI:10.1503/cmaj.0900384

Editor’s note:

The CMAJ regrets this error and apologizes for any inconvenience that it may have caused.

Barbara Sibbald BJ
Deputy Editor, News and Humanities, CMAJ, Ottawa, Ont.

DOI:10.1503/cmaj.090011

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In a recent News article,1 we quoted John Bridle as an asbestos expert but were not aware that he had received a conditional discharge on 2 counts of making false claims under the United Kingdom Trade Descriptions Act (1968) in relation to his business qualifications and was fined £4000 (Can$7116).2 He was also found to have inaccurately claimed to be a consultant with the Vale of Glamorgan Trading Standards Department.3

REFERENCE

DOI:10.1503/cmaj.090385

In the recent article by Boyd and colleagues,1 the underlined sentence was omitted from the second paragraph of the Interpretation. This paragraph should have read as follows:

Trauma was also a significant contributing factor in a substantial proportion of asphyxia deaths. We found that 13% (12/92) of asphyxia victims who underwent autopsy had major trauma, defined as an injury severity score greater than 15.16 If the entire population of 204 fatalities is considered, trauma was also a significant contributing factor in a substantial proportion of asphyxia deaths. This is a far greater proportion than reported in a well-designed Austrian study, in which trauma was reported as the cause of death in only 5.6% of cases.9 In our study, trees were identified as the most common objects hit in trauma deaths. This may be explained by the much greater access to forested ski terrain in Canada20 than in Europe. In a recent study from Utah, United States, trauma was the immediate cause of death in 5.4% of cases and contributed to death in an additional 8.9% of 56 avalanche fatalities.21 Variations between studies point to differences in geography, such as mountain topography and distances for rescue flights, as well as demographics, notably different activity types,9,21-23

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DOI:10.1503/cmaj.090411

In a recent Teaching Cases article about loss of vision in a patient with neurofibromatosis, the caption for Figure 5 should have identified the 2 magnetic resonance images as T1-weighted images.

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Corrections

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