Cocaine is a strong sodium-channel blocker and this effect trumps its adrenergic effects.^{9,10} The net effect is to increase the threshold for ventricular fibrillation by at least 50%, not lower it.

The authors asked how we can resolve the conflicting experimental findings.¹ The answer has been known since 1936: it is far easier to cause ventricular fibrillation in a small swine than in a human.⁴ There is no conflict within the larger body of clinical literature, which consistently shows no problems with the use of electronic control devices in humans.

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Competing Interests: Mark Kroll, Richard Luceri and William Heegaard hold stock in TASER International. Mark Kroll and Michael Graham have served as consultants for TASER International. Mark Kroll has received travel assistance from TASER International for attending medical conferences. Hugh Calkins is a paid consultant for TASER International. Richard Luceri is a paid board member of TASER International and has received travel assistance for attending board meetings. William Heegaard has received travel assistance to attend a scientific medical advisory board meeting and has been paid for medical advice about conducted electrical devices.

REFERENCES

1. Nanthakumar K, Masse S, Umapathy K, et al. Cardiac stimulation with high voltage discharge from stun guns. *CMAJ* 2008;178:1451-7.
2. Mumola C. *Arrest-related deaths in the United States, 2003-2005. Bureau of Justice Statistics special report no. NCJ 219534.* Washington: US Department of Justice; 2007.
3. Swerdlow C, Kroll M, Williams H, et al. Presenting rhythm in sudden custodial deaths after use of TASER(r) electronic control device. *Heart Rhythm* 2008;5:S44.
4. Ferris LP, King BG, Spence PW, et al. Effect of electric shock on the heart. *Electr Eng* 1936;55:498-515.
5. Howe BB, Fehn PA, Pensinger RR. Comparative

anatomical studies of the coronary arteries of canine and porcine hearts. I. Free ventricular walls. *Acta Anat (Basel)* 1968;71:13-21.

6. Allison JS, Qin H, Dossall DJ, et al. The transmural activation sequence in porcine and canine left ventricle is markedly different during long-duration ventricular fibrillation. *J Cardiovasc Electrophysiol* 2007;18:1306-12.
7. McDaniel WC, Stratbucker RA, Nerheim M, et al. Cardiac safety of neuromuscular incapacitating defensive devices. *Pacing Clin Electrophysiol* 2005;28(1 Suppl):S284-7.
8. Ho J, Dawes D, Reardon R, et al. Echocardiographic evaluation of human transcutaneous TASER(r) application along the cardiac axis. *Heart Rhythm* 2008;5:S97.
9. Tisdale JE, Shimoyama H, Sabbah HN, et al. The effect of cocaine on ventricular fibrillation threshold in the normal canine heart. *Pharmacotherapy* 1996;16:429-37.
10. Lakkireddy D, Wallick D, Ryschon K, et al. Effects of cocaine intoxication on the threshold for stun gun induction of ventricular fibrillation. *J Am Coll Cardiol* 2006;48:805-11.

DOI:10.1503/cmaj.1080080

Corrections

A news item about neglected diseases research in the Aug. 12, 2008, issue should have stated that the Drugs for Neglected Diseases Initiative has raised US\$118 million for its research program.¹

REFERENCE

1. Silversides, A. For the record: G8 attention to neglected diseases research welcomed. *CMAJ* 2008;179:316.

DOI:10.1503/cmaj.081362

A news story about Health Canada's investment in a new post-market drug surveillance network that was published online at www.cmaj.ca on July 16, 2008, and in the August 26 print issue should have stated that rofecoxib

(Vioxx) was withdrawn from the Canadian market in 2004.¹

REFERENCE

1. Silversides, A. Health Canada's investment in new post-market drug surveillance network a "pit-tance." *CMAJ* 2008;179:412-3.

DOI:10.1503/cmaj.081363

In the print version of a recent commentary,¹ the references were not cited in the correct order in the text. The online version is correct (available at www.cmaj.ca/cgi/content/full/179/6/509).

REFERENCE

1. Halsey N. The human papillomavirus vaccine and risk of anaphylaxis. *CMAJ* 2008;179:509-10.

DOI:10.1503/cmaj.081373

In the print version of a recent review article,¹ the references were not cited in the correct order in the text. Also, the following sentence was missing from the end of the first paragraph on page 546: "Comorbid conditions frequently observed in athletes, such as rhinitis, vocal cord dysfunction or gastroesophageal reflux, may affect asthma control or act as confounders, and investigation and treatment is necessary." The online version is correct (available at www.cmaj.ca/cgi/content/full/179/6/543).

REFERENCE

1. McKenzie DC, Boulet LP. Asthma, outdoor air quality and the Olympic Games. *CMAJ* 2008;179:543-8.

DOI:10.1503/cmaj.081375

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