

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 reporting.

Michel Bilodeau

President and CEO

Michael Leonard

Chief of the Medical Staff, The Children's Hospital of Eastern Ontario, Ottawa, Ont.

Competing interests: None declared.

REFERENCE

1. Silversides A. Clinical trials: chasing recruits. *CMAJ* 2009;180:375.
2. Agrell S. Child dies at CHEO after accidental overdose: Hospital miscalculated dosage of experimental drug. *Ottawa Citizen* 2002 Oct. 8.

DOI:10.1503/cmaj.1090011

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.

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Corrections

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

1. Collier R. Health advocates assail Canada's asbestos stance. *CMAJ* 2008;179:1257.
2. British Occupational Hygiene Society. *Asbestos surveyor found guilty of breaching Trade Descriptions Act*. Derby (UK): The Society; 2005. Available: www.bohs.org/newsArticle.aspx?newsItem=14 (accessed 2009 Feb. 27).
3. Office of Communications. Complaint by Professor John Bridle brought on his behalf by Fisher Scogins LLP. *Ofcom Broadcast Bulletin* 111:45-63.

DOI:10.1503/cmaj.090384

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, this results in 10% (20/204) of cases with combined trauma and asphyxia, over and above the 24% (48/204) of cases determined to be caused by trauma alone. Thus, in western Canada, during the study period, major trauma contributed to a total of 33% (68/204) of avalanche deaths overall and,

for ice climbers, to more than 50% (7/13) of 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}

REFERENCE

1. Boyd J, Haegeli P, Abu-Laban RB, et al. Patterns of death among avalanche fatalities: a 21-year review. *CMAJ* 2009;180:507-12.

DOI:10.1503/cmaj.090385

In a recent Teaching Cases article about loss of vision in a patient with neurofibromatosis,¹ the caption for Figure 5 should have identified the 2 magnetic resonance images as T1-weighted images.

REFERENCE

1. Mumoli N, Cei M, Bartolomei C, et al. A patient with loss of vision in the right eye and neurofibromatosis type 1. *CMAJ* 2009;180:203-6.

DOI:10.1503/cmaj.090411

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