As stated in our paper, we believe that further study of the PTL is needed to determine its efficacy in trauma patients, and to provide objective ABG data. However, we feel that subjective study of the PTL by its users—the prehospital care providers—still is an important step in the evaluation of this field airway adjunct.

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Errata

To the Editor:

We were deeply concerned to see that our paper (Gas Powered Resuscitators and Portable Ventilators: An Evaluation of Six Models), published recently in *Prehospital and Disaster Medicine*, (1992;7:25–34) failed to include any of the extensive corrections we had made to the proofs.

Although your revision of our original paper produced many welcome improvements, there were a number of errors, particularly in the interpretation of our Results.

Now that the paper has been published it is difficult to see how this unfortunate situation can be rectified. Perhaps a letter indicating some of the important corrections could be published in the next edition of the journal. This would be much appreciated

Peter JF Baskett, FCAnaes
Jerry P Nolan, FCAnaes
Bristol, UK

The editors regret that the article was published without inclusion of final corrections of the galleys sent by the authors. We apologize for the error and take responsibility for any misunderstandings that may have arisen as a result of this omission. To prevent any false conclusions regarding the article, and as requested by the authors, the appropriate corrections for the article follow:

1. Title (page 25)

The correct title should read:

Gas Powered Resuscitators and Portable Ventilators: An Evaluation of Six Models.

2. Abstract (page 25)

Replace the Conclusions statement with:

"under conditions of low pulmonary compliance and high airway resistance each resuscitator tested fails to deliver the pre-set volumes, and this must be considered during their use."

3. Results (pages 26–27)

Delete the whole of the first part, as far as "At the first load setting." Replace with:

"Results from the bench tests performed on each of the ventilators are in Tables 4 and 5 and Figures 1 through 3. In all cases, tidal volumes and minute ventilation declined progressively as resistance was increased and compliance was decreased. Some of the reduction in measured tidal volume would be due to the internal compliance of the ventilator tubing and test equipment, but there also was significant loss of volume through inspiratory pressure relief valves.

"For three of the ventilators (TransPAC, Oxylog, and Ambu Matic), the frequency and minute ventilation can be selected from the control panel. In addition, each of these three ventilators has the capability of air-mixing with the oxygen, thereby allowing the delivery of different levels of FiO_2. The minute ventilation obtained for each of these machines at three different settings for each of the three combinations of resistance and compliance are in Table 4 and the relative changes are in Figures 1 and 2. In every instance, the minute ventilation delivered was less in the air-mix mode. Of the three ventilators, the TransPAC demonstrated the greatest relative reduction in minute ventilation on switching from the non-air-mix to the air-mix mode.

"The delivered levels of minute ventilation were as low as 40–50% of the selected levels at the lowest compliance-highest resistance tests. At this ventilatory load and at the highest selected levels of minute ventilation, most of the volume loss was due to leakage from the inspiratory pressure relief valve (see Table 4 and Figures 1 and 2).

At the first load setting (C=50; R=5)...."

Page 30—*Delete the sentence starting "Only three pre-established levels of ventilation can be selected...," replace with:*

"The three remaining machines (ERA 2000, MARS, and Uni-Vent) do not have independent controls for frequency and level of minute ventilation. Therefore, we tested these at settings that would correspond to adult, small adult, and child."

4. References (page 34)

Reference 9 was in the wrong place in the original text.

Other references had been omitted from the text.

Legends for Figures

Page 27—Figure 1—Levels of minute ventilation attained, in no air-mix mode, for the TransPAC, Oxylog, and Ambu Matic, as a percentage of that selected

Page 27—Figure 2—Levels of minute ventilation attained, in air-mix mode, for the TransPAC, Oxylog, and Ambu Matic, as a percentage of that selected.

Page 29—Figure 3—Levels of minute ventilation attained for the ERA 2000, MARS, and Uni-Vent

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The affiliations for the authors of the article The Prehospital Use of Albuterol Inhalation Treatments *were listed incorrectly. We regret the error. Space constraints in earlier issues delayed the timely posting of this correction. The correct affiliations of the authors should read as follows:*

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