

## ERRATA

I inadvertently failed to give proper credit to the origin of figure 8 in my article entitled "Management of the Difficult Airway: With Special Emphasis on Awake Intubation" (ANESTHESIOLOGY 75:1087-1110, 1991). Figure 8, a schematic of a method to expose the palatoglossal arch, was created by Andrew Woods, M.D., of the University of Virginia, Charlottesville, Virginia. Although the text does credit Dr. Woods with introducing this very useful block of the lingual branch of the glossopharyngeal nerve, the picture is certainly worth a thousand words.

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In "Spectral Analysis of Heart Rate Variability during Isoflurane Anesthesia," by Kato *et al.* (ANESTHESIOLOGY 77:669-674, 1992), figure 1 contained an error. Below is the correct figure.

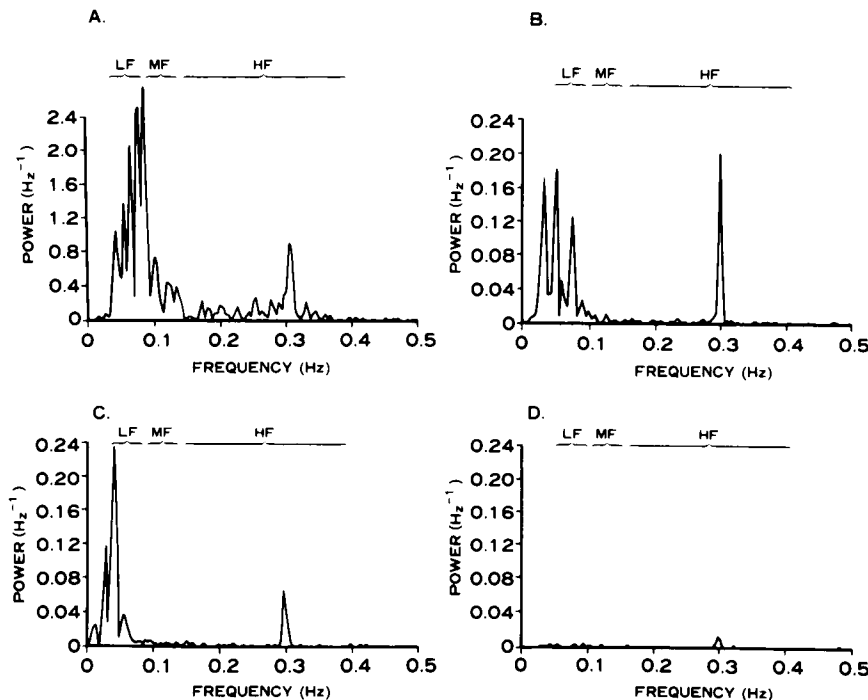


FIG. 1. An example in one patient of the influence of isoflurane anesthesia on power spectrum of heart rate variations. LF = low frequency component (0.04–0.09 Hz); MF = mid frequency component (0.09–0.15 Hz); HF = high frequency component (0.15–0.4 Hz). A: AWAKE. Before the induction of anesthesia, there were three major spectral components, *i.e.*, LF component, MF component, and HF component. B: 1.0 Minimum alveolar concentration (MAC). Three components decreased. C: 1.5 MAC. While MF and HF components decreased further, LF component increased. D: 2.0 MAC. Very small LF and HF components were observed, whereas MF component was not observed. (Power spectrum units are  $\text{Hz}^{-1}$  because the units  $\text{beat}^2 \text{min}^{-2} \text{Hz}^{-1}$  are normalized by the square mean of the heart rate.)