formed between soluble antigens and antibodies. "Serum sickness" is an example and can be caused by the repeated injection of foreign serum proteins. Following the injection, for example, of horse antitetanus serum, circulating antibodies to horse proteins form immune complexes in the circulation and when these settle in the walls of blood vessels they induce an inflammatory reaction which involves neutrophils. Type IV, cell-mediated reactions include delayed hypersensitivity reactions, graft rejection and some types of autoimmune disorders.

In the current issue of this journal a number of articles have been assembled to provide a basis for understanding the immunological problems which sometimes occur in anaesthetic practice and intensive care, and to indicate, where possible, some of the potentially desirable future developments in therapy.

J. G. Whitwam
J. Norman

REFERENCE

ERRATA
ANAESTHESIA FOR STUDIES OF THE CEREBRAL CIRCULATION: A COMPARISON OF PHENCYCLIDINE AND ALTHESIN IN THE BABOON
Br. J. Anaesth., 50, 985

Sir,—I must apologise sincerely for a mistake which I have only just noticed in the above article.

Page 985, Col. 2, line 7: The dose of phencyclidine should be "(approx. 0.07 mg min⁻¹)" and not "(approx. 0.67 mg min⁻¹)" as printed.

W. Fitch
Glasgow

A PHARMACODYNAMIC MODEL FOR PANCRURONIUM
Br. J. Anaesth., 50, 1113

Sir,—In the appendix to our recent paper we presented a series of formulae for the general solution of a three-compartment open model (equations 8-16). We regret that these equations contain a sign error, in that where the initial drug concentration C₁(0) appears in these equations, it is entered as a positive quantity. It should be entered as a negative quantity. Those readers who wish to use these formulae (8-16) should therefore change C₁(0) to −C₁(0) in each instance.

C. J. Hull