

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.

Mark W. Kroll PhD

Department of Biomedical Engineering
University of Minnesota, Minneapolis,
Minn.

Hugh Calkins MD

Electrophysiology and Arrhythmia
Service, Johns Hopkins University
and Hospital, Baltimore, Md.

Richard M. Luceri MD

Interventional Arrhythmia Center,
Holy Cross Hospital, Fort Lauderdale, Fla.

Michael A. Graham MD

Department of Pathology, St. Louis
University, St. Louis, Mo.

William G. Heegaard MD MPH

Department of Emergency Medicine,
Hennepin County Medical Center,
Minneapolis, Minn.

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, Umopathy 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, Dossdall 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

Letters submission process

To send a letter to the editor concerning a published article, visit www.cmaj.ca and click "Submit a response" at the top right-hand side of the article. All letters submitted through www.cmaj.ca will be considered for publication in the print journal. To submit a letter that does not pertain to an article in the journal, email your letter to pubs@cma.ca with a note indicating whether or not you would like it to be considered for publication.

Letters written in response to an article published in *CMAJ* are more likely to be accepted for print publication if they are submitted within 2 months of the article's publication date. Letters accepted for print publication are edited for length (usually 250 words) and house style.