

be possible to explain the difference of the two recovery courses solely on the concept of a "margin of safety" in enzyme inhibition. Further study will be necessary to reveal the mechanism of the accelerated reversal by divided administration of anticholinesterase.

In conclusion, from a clinical view, it is recommended to administer neostigmine in a 0.4 mg dose every three minutes until an adequate recovery of neuromuscular function is achieved. If anesthesiologists administer neostigmine in a one-bolus-injection, they have to take into consideration that the speed of recovery from blockade is slow when the TOF ratio is above 50%.

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HONORS

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CORRECTION

In the article entitled "Effects of Anesthetic and Related Agents on Calcium-induced Calcium Release from Sarcoplasmic Reticulum Isolated from Rabbit Skeletal Muscle" (*J Anesth* 3: 1-9, 1989), there are errors in the units of measurement. On page 5, legend of table 1, third sentence should have read "...138 n mol Ca²⁺/mg protein/min..." not "...138 μM Ca²⁺/min..." as printed. On page 6, first sentence in the legend for table 2 should have also read "...SR (n mol Ca²⁺/1.5 mg protein)," not "...SR (μM Ca²⁺/mg SR protein)."