

evaluated. We think that trauma units with access to a helical, multiplane, computed tomography scanner should routinely image the entire cervical spine at high resolution since the number needed to treat to detect a further injury beyond directed scanning may be only eight to 22 patients,<sup>20 21 36</sup> and this is the standard recommended in figure 2. This is similarly a level 2-3 recommendation; an urgent need remains for an adequately powered, prospective comparison of these modalities to justify any further recommendations.

We propose the removal of cervical collars and patients' mobilisation as a priority for management. Therefore if plain radiographs and computed tomography imaging do not show evidence of traumatic abnormality and the patient is not expected to be conscious within 48-72 hours, current evidence supports the declaration "cervical spine cleared" without further delay.

We draw attention to the routine inclusion of thoracolumbar plain radiography, where unconscious patients with multiple injuries have a compatible mechanism of injury.

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## Corrections and clarifications

### *New treatments for colon cancer*

Some errors occurred in this editorial by Maurice Slevin and Sarah Payne (17 July, pp 124-6). The misspelling of a drug persisted to publication—cetuximab was spelt wrongly throughout the article. The drug's manufacturer, Merck, has pointed out that the drug is licensed in many countries, not just Switzerland and the United States, as the article implied, and marketing authorisation was granted in the European Union at the end of June 2004.

### *Health experts warn of disease as worst flooding in years hits Bangladesh*

In this news article by Peter Moszynski (31 July, p 247) we misspelt Dhaka (in Bangladesh). We had added an "r" to the end of the word; if we had also omitted the "h" we would have successfully spelt Dakar, the capital of Senegal.

### *Blood pressure control by home monitoring: meta-analysis of randomised trials*

We let the wrong spelling of QUOROM (Quality of Reporting of Meta-analyses) slip through in this Primary Care paper by Francesco P Cappuccio and colleagues (17 July, pp 145-8).