

to determine the effect of the anesthetic on CSF pressure. While our previous experience had shown CSF pressure to increase, in this instance no change in CSF pressure was found. A radiograph of the thoraco-abdominal area revealed gas within the ventriculo-peritoneal catheter.

The events of this case indicate that evaluation of ventriculo-peritoneal catheter patency could be made with this procedure. They also emphasize that using nitrous oxide in patients with ventriculoatrial shunts may be hazardous. Had Youngberg and his colleagues administered nitrous oxide to their patient following air encephalography, diffusion of nitrous oxide

into this air space would have resulted in a significant increase in intracranial gas volume. This undoubtedly would have increased the severity of the venous gas embolism described, since greater transfer of gas to the right heart through the ventriculoatrial catheter probably would have occurred.

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Pediatric Anesthesiology Consultant Program

To the Editor:—The Section on Anesthesiology of the American Academy of Pediatrics is co-sponsoring a program of visits to community hospitals by pediatric anesthesiologists acting as consultants from nearby children's hospitals. Each visit will be for two days, with the morning of day 1 and late afternoon of day 2 for travel by the consultant. Each consultant will give two talks, in addition to participating in informal discussions. The community hospital will also be asked to arrange for the morning of the second day a conference at which topics such as ventilatory care for neonates, advances in pediatric anesthesia, respiratory treatment of pediatric patients, temperature maintenance and transport of sick infants, and evaluation of new equipment will be discussed.

Either one or two pediatric consultants will go to each community hospital. The Section on Anesthesiology will pay the honorarium for the consultant, but the hospital, the medical society, or the local community will be asked to pay the consultant's expenses.

The program will initially involve consultants in five areas: 1) Massachusetts General Hospital, Boston, John Ryan, M.D.; 2) Hospital for Sick Children, Toronto, I. A. Sloan, M.D.; 3) Philadelphia Children's Hospital, Philadelphia, John Downes, M.D.; 4) Akron Children's Hospital, Akron, Donald Nelson, M.D.; University Hospitals of Cleveland, Cleveland, Robert Crumrine, M.D.; 5) Children's Orthopedic Hospital, Seattle, Eric Furman, M.D.

Later, additional institutions will also participate. Those interested in availing themselves of this consultant program should contact the individuals listed above if they wish them to visit a community hospital in the area.

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