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*In reply:*—We appreciate very much the comments offered by Dr. Robinson and Dr. Albin. Their welcome discussion of both precordial Doppler monitoring and appropriately positioned multi-orificed central venous catheters in the management of parturients undergoing cesarean section with regional anesthesia significantly broadens the scope and intent of our original article.

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## Safety of Continuous Epidural Infusions

*To the Editor:*—We read with interest the case report by Lin *et al.*<sup>1</sup> regarding neurologic sequelae after accidental injection of toxic substances into the epidural space. We recognized the potential for this disaster prior to our initiating continuous epidural opiate infusions, and have taken steps to minimize the potential for such an occurrence.

We agree with the authors' recommendations for decreasing such accidents, and offer further suggestions:

1. We use a special solution administration set (#2C1503 Travenol Laboratories Inc., Deerfield, Illinois) which has no injection ports and makes a Leur lock connection with the epidural catheter. In addition, we securely tape this connection.
2. All patients treated with epidural morphine post-operatively are sent to one of two hospital wards where the nursing staff is familiar with epidural opiate analgesia and the equipment involved.

3. Any manipulations of the tubing or catheter are performed by a member of our department.

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## Safe, Continuous Epidural Infusions

*To the Editor:*—Drs. Lin, Becker, and Shapiro<sup>1</sup> present a timely report on neurologic changes following accidental drug injection through continuous epidural catheters.

One way that accidental injection of a continuous epidural catheter can be prevented is by the use of rigid tubing without any ports designed for continuous pressure