

Anesthesiology
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A Correction on Dural Cuffs

To the Editor:—In his recent clinical report¹ on total spinal anesthesia following intercostal nerve block, Gauntlett cites Moore² incorrectly. Instead of stating that dural cuffs extend 8 cm past the intervertebral foramina,¹ Moore² states: "The existence of long dural cuffs which extend six to eight centimeters past the intervertebral foramen seem highly unlikely." Moore suggests intraneuronal injection, however, may occur in this region.

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In reply:—I have re-read Dr. Moore's article,¹ and must concede that I misread the statement on the extension of dural cuffs. However, in another paper,² he mentions it again and refers the origins of the theory of dural cuff extension to Drs. Brittingham, Berlin, and Wolff.³

Gallo *et al.*⁴ did mention that dural cuff extension of 2–3 cm may occur. The injection in our patient was made close to the costo-transverse joints, so it is conceivable that injection into a dural cuff did occur.

I did, in fact, discuss in my report the possibility of interneuronal injections, but concluded that, from Moore's evidence,² the spread would have been too slow.

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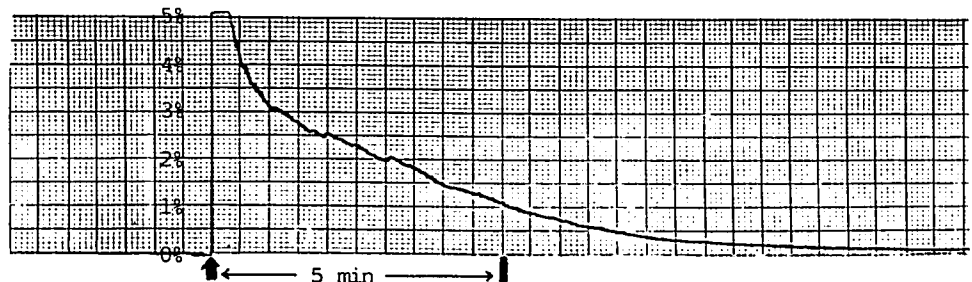
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"Normac" Falsely Recognizes "Fruit Extract" as an Anesthetic Agent

To the Editor:—Recent articles^{1,2} concluded that the Datex "Normac" anesthetic agent monitor, an infrared absorption instrument, is a compact, convenient, and trouble-free instrument for use in the operating room.

We have used the "Normac" in pediatric anesthesia and, indeed, found it to be reliable and convenient. However, it should be used with caution when adding fruit flavor to anesthetic gases for pediatric induction.³ Com-

FIG. 1. In the halothane mode, 0.2 ml of strawberry extract was added to the circuit (at 1). The "Normac" recorded it as a high concentration of halothane.



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