experiencing some growing pains as we evolve toward the more appropriate use of terminology. Sperry *et al.* begin with the premise that patients with a cerebrospinal fluid leak after dural puncture may coincidentally have intracranial pathology and that they "may have decreased intracranial elastance... and may be at risk for developing increased intracranial pressure when a mass effect is produced in the spinal epidural space during epidural blood patch." The problem, of course, is one of increased elastance rather than decreased elastance. This may seem like a small matter to present to the correspondence section of an important journal, but the fact that the error passed by three authors, several reviewers, the Editor-in-Chief, and one or two copy editors suggests that our community is not accustomed to the use of this terminology and that a significant potential for miscommunication exists while we adapt to it.

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Anesthesiology 82:1310, 1995 © 1995 American Society of Anesthesiologists, Inc J. B. Lippincott Company, Philadelphia

In Reply:—In editing the original submission, I correctly changed compliance to elastance but failed to change decreased to increased. Although the authors had an opportunity to correct my error, they did not (presumably deferring to editorial omniscience), and thus the final responsibility must be mine. On the brighter side, perhaps this exchange of letters will increase awareness of the issue raised originally by Lanier and Warner¹ and now reemphasized by Drummond.

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Lawrence J. Saidman, M.D. Editor-in-Chief

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(Accepted for publication February 23, 1995.)

ERRATUM

The Case Report by Sperry *et al.* published in the January 1995 issue (Sperry RJ, Gartrell A, Johnson JO: Epidural blood patch can cause acute neurologic deterioration. Anesthesiology 82:303–305, 1995) contained an error. On page 303, first paragraph, the third sentence (line 5) should read: "However, some patients who have a persistent CSF leak after a subarachnoid puncture also have neurologic disease and may have *increased* intracranial elastance."