animals,² the longer the catheter is in place the larger the inflammatory reaction will be. As we did not find a difference, we must conclude either that the inflammatory response to the catheter does not exist, that it is reduced in pregnancy, or that the local inflammation cannot reduce post-spinal headache. It is not known if the material from which the catheter is made (polyurethane versus nylon) influences the inflammatory response. It is possible that in our study the hole in the dura made by a 22G needle was too large for the diameter of the 28G catheter and facilitates the amount of CSF lost and increases PDPH.

Norris and Leighton also did not find a beneficial effect of subdural catheterization to treat PDPH.³ Their data and ours confirm that subdural catheterization neither prevents nor treats PDPH after delivery.

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- 2 Yaksh TL, Nouihed RY, Durant PAC. Studies of the pharmacology and pathology of intrathecally administered 4-anilinopiperidine analogues and morphine in the rat and cat. *Anaesthesiology* 1986; 64: 54-66.
- 3 Norris MC, Leighton BL. Continuous spinal anaesthesia after unintentional dural puncture in parturients. *Regional Anaesthesia* 1990; 15: 285-7.

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Erratum

Re: Concentration of fentanyl in colostrum after an analgesic dose. *P.L. Steer, C.J. Biddle, W.S. Marley, R.K. Lantz, P.L. Sulik. Can J Anaesth* 1992; 39: 231-5.

Results

Radioimmunoassay showed that fentanyl appeared in colostrum. The highest concentration, at the times measured, was $0.40 \pm 0.059 \text{ mg} \cdot \text{ml}^{-1}$ 45 min after intra-

Please note that 3rd line should read:

measured, was $0.40 \pm 0.059 \text{ ng} \cdot \text{ml}^{-1}$ 45 min after intra-