Perhaps the explanation is in the work of these authors (and Fletcher and Jonson), in that a complex relationship between tidal volume, duration of expiration, alveolar dead space and ventilation inequalities determines the end-tidal CO_2 . In patients with lung disease this appears to be a changing relationship.

We showed that after elective uncomplicated heart surgery the gradient for each patient is relatively constant, and the PETCO_2 can be used to guide ventilator weaning in the majority of patients. As illustrated in the letter by Shankar et al., the potential does exist for unusual gradients and we recommend arterial blood gas determinations in patients with complications, and when the results of capnometry do not fit the clinical picture.

D.W. Withington BM FFARCS MRCP
Department of Anaesthesia, St. Thomas' Hospital
Lambeth Palace Road, London, UK, SE1 7EH
James G. Ramsay MD FRCP
Department of Anesthesiology
Emory University Hospital
1364 Clifton Road NE, Atlanta, GA, 30322, USA

REFERENCES

- 1 Bermudez J, Lichtiger M. Increases in arterial to end-tidal CO_2 tension differences after cardiopulmonary bypass. *Anesth Analg* 1987; 66: 690–2.
- 2 Fletcher R, Jonson B. Dead-space and the single breath test for carbon dioxide during anesthesia and artificial ventilation. *Br J Anaesth* 1984; 56: 109–19.
- 3 Hoffman RA, Krieger BP, Kramer MR et al. End-tidal carbon dioxide in critically ill patients during changes in mechanical ventilation. *Am Rev Resp Dis* 1989; 140: 1265–8.
- 4 Russell GB, Graybeal JM, Strout JC. Stability of arterial to end-tidal carbon dioxide gradients during postoperative cardiorespiratory support. *Can J Anaesth* 1990; 37: 560–6.

Errata

Changes are underlined

Guay J. Monitorage du fœtus et réanimation du nouveau-né: ce que l'anesthésiste doit savoir. *Can J Anaesth* 1991; 38: Supp R74–R82.

Page R76, à la 10e ligne (1ère colonne)

tion de la tête de 30° augmente la pCO_2 jusqu'à 2 kPa

devrait se lire

tion de la tête de 30° augmente la PcO_2 jusqu'à 2 kPa

Page R77, Tableau II

Guay J. Fetal monitoring and neonatal resuscitation: what the anaesthetist should know. *Can J Anaesth* 1991; 38: Supp R83–R88.

Page R84, line 19 (2nd column)

age of secretions. A head tilt to 30° increases PCO_2 up to

should read

age of secretions. A head tilt to 30° increases PcO_2 up to

Page R85, Table II

should read

Page R86, line 28 (1st column)

Both thumbs are set 1 cm over the breast line and the
should read

Both thumbs are set 1 cm under the nipple line and the

Page R87, line 3 (1st column)

genolysis and hyperglycaemia. Hyperglycaemia is then
should read

genolysis and hyperglycaemia. Hypoglycaemia is then

Page R88, line 5

-200 cm H₂O) by a short length of 8.0 Fr. suction catheter
should read

-120 cm H₂O) by a short length of 8.0 Fr. suction catheter