CORRESPONDENCE

dioxide sampling tubing is connected at this site. The male site of
the T-tubing is connected to the angiocatheter hub. The remaining
length of T-tubing can be customized to the optimal length for each
patient, as shown in figure 2.
We have found this device to be simple to prepare, inexpensive
and reliable.

Mahendra G. Shah, M.D.
Pain Fellow
Department of Anesthesiology
New York Medical College

Assistant Attending Physician
Westchester County Medical Center

Lawrence Epstein, M.D.
Assistant Professor and Director of Obstetric
Anesthesia
New York Medical College
Valhalla, New York 10595

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Global Department of Anesthesiology Formed

To the Editor—Last year, Ruskin and Tissot described an Internet
listserver dedicated to the promotion and discussion of anesthesia.¹
Primarily for anesthesiologists, this list is joined by CRNAs, anesthesia
technicians, and researchers. As of April 1994, this list had 320
members. Although Sopchak also had created a list,² the Ruskin-Tissot
list was the first list cited in anesthesiology literature. Both of these
lists enjoy success. This medium provides a worldwide informal dialog
among anesthesiology professionals.

As an example of the value of participating, we would like to
present a synopsis of 1 month’s messages. An examination of the
anesthesiology list dialog of March 1994 revealed 207 messages
contributed. These messages addressed 28 topics, e.g., premedication
of children, spinal morphine following spinal surgery, cost savings,
and partner in operating room during cesarean section. Represented
in these discussions were the following countries: Australia, Canada,
New Zealand, South Africa, United States, and several participants
from European countries. A request for comments from a representa-
tive of the Food and Drug Administration regarding neurotoxicity of
5% lidocaine elicited six responses.³

The potential of this method of communication to have an impact
on modern anesthesiology is relatively untapped. Private practice
physicians can join their academic counterparts for consultation and
dialog. Responses from other caregivers, both academic and private,
can add a new source for consultation in a difficult case. Subscription,
for those with access to the Internet, is free. Individuals who do not
have access to the Internet can subscribe to the list via popular and
widely available on-line services such as CompuServe and America

On-Line. The list is open to anyone who wishes to subscribe. There
is discussion about making subscription “limited” to preserve the
professional nature of the discussion list. Individuals have expressed
concern about being inundated with irrelevant mail. Current traffic
is averaging four messages per day on the anesthesiology list. If this
increased to unmanageable levels, "moderated" sublists could be
created, meaning that a moderator would check all messages before
distribution on the network.

We encourage readers to investigate for themselves the value of
this new communication method as an instrument of ongoing and
wide-ranging medical education that is not excessively time-con-
suming.

S. C. Mentzer, B.S.
Academic Computing and Networking Coordinator
smentzer@anes.hmc.dsu.edu

W. B. Murray, M.B., Ch.B., F.F.A.R.C.S., M.D.
Associate Professor of Anesthesia
wmurray@anes.hmc.psu.edu

K. H. Shelley, M.D., Ph.D.
Assistant Professor of Anesthesia
kshelley@anes.hmc.psu.edu

Department of Anesthesia
The Pennsylvania State University
College of Medicine
500 University Drive
Hershey, Pennsylvania 17033

Reference

¹ Ruskin KJ, Tissot M: A new method of communication between
anesthesiologists (letter). ANESTHESIOLOGY 79:867, 1993

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