close observation and to give them antibiotics only on clinical indications.

Since 1976 no infants have been found dead or moribund in the postnatal wards. Measurement of the respiratory rate in the way described is the only effective method of observing an infant next to his mother in a dark postnatal ward. It has been acceptable to the nurses and reassuring to the mothers.

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Use of local anaesthetic drugs in hospital practice

Major adverse reactions have been produced by intravenous regional anaesthesia,^{1,2} and three deaths have been reported in the national press.³ We report the results of an inquiry into the use of local anaesthetic drugs by a cross section of junior hospital doctors.

Method

A questionnaire comprising seven questions was answered by 57 junior doctors below the grade of senior registrar, drawn from many specialties and trained in various hospitals. The questions were presented to the doctors in the course of one afternoon and all those approached answered the questions.

The doctors were first asked when they had last used a local anaesthetic and for what purpose. Further questions sought to find which drug had been used, its concentration, and route of administration. Finally, the doctors were asked to indicate the recommended maximum safe dose of plain lignocaine in milligrams per kilogram body weight and to state the number of milligrams per millilitre of the drug in a 1% solution.

Results and comment

The results provide some insight into the way local anaesthetic drugs are used in this hospital. Of the doctors questioned, 59.6% had used a local anaesthetic drug during the previous week and 80.6% within the previous month. Only one doctor had not used a local anaesthetic within the past year. Lignocaine was the most frequently used drug (by 94.6% of respondents). The majority (64.3%) used lignocaine by local infiltration for minor surgical procedures. The second most common mode of administration was topical (30.3% of respondents)—mainly for use in bladder catheterisation, bronchoscopy, eye surgery (0.5% proxymetacaine), and ear, nose, and throat procedures (cocaine).

Comment

Although 0.5% lignocaine is an adequate concentration for local infiltration,⁴ 31 out of 36 doctors used a higher concentration. Four out of 16 doctors used topical lignocaine without knowing its concentration and 68.4% did not know the maximum recommended dose of lignocaine for infiltration; 71.4% did not know how to calculate the dose they were giving.

Although many doctors claimed to know the safe dose of lignocaine (in terms of volume of a known percentage solution) for a man weighing

70 kg, there are many instances where more accurate calculations of the dose must be made—for example, when used in the elderly and children. The results are perhaps not surprising since information regarding the correct dose of local anaesthetic is often presented in a way that requires calculations to be made.⁵

We have designed a simple chart (figure) whereby the correct maximum volume of lignocaine solution can be easily calculated from the patient's body weight and the percentage solution to be used. It also shows graphically the undoubted advantage of using the most dilute solution that will effectively produce analgesia.

Maximum safe volume of plain lignocaine according to body weight. (Maximum safe dose of lignocaine—without adrenaline 3 mg/kg, with adrenaline 7 mg/kg; uses of different solutions—0.25-0.5% for infiltration and intravenous regional anaesthesia, 1% for nerve blocks, epidural anaesthesia, and intravenous regional anaesthesia, 2% for nerve blocks.)

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Overdose of trilostane

Trilostane is a new blocker of synthesis of glucocorticoids. We report the first recorded case of trilostane overdose.

Case report

A 29 year old woman was admitted after ingesting lorazepam 50 mg, 40 tablets of a combination diuretic (each containing hydrochlorothiazide 50 mg and amiloride 5 mg), and 60 trilostane capsules (each containing 60 mg). She was taking trilostane for premenstrual tension, which was thought to be a component of her long standing depression. There was no history of hypertension or renal impairment. On examination she was drowsy but