CORRESPONDENCE

There appears to be no published correlation between plasma drug concentrations and dynamic effects (such as drowsiness). However, McBride and co-workers concluded that maternal concentrations of 30–40 ng ml⁻¹, although providing adequate axiolysis, did not have a pronounced soporific effect upon the mother, nor did they have any effect on the neuro–behavioural responses of the new born.

We would therefore conclude that oral premedication with lorazepam in breast feeding mothers would appear to be safe.

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REFERENCES

FIXATION OF EXTRADURAL CATHETERS

Sir,—Fixation of extradural catheters by subcutaneous tunneling (Carl, Crawford and Ravlo, 1984) is a satisfactory method which I have also used.

I have developed a simple modification that makes this method easier and quicker. The tunnelling is performed using a 15-cm long 16-gauge (Longdwel B-D) intravenous cannula. Initially in our Department, we used a 34-cm long flexible tunnelling cannula designed for this purpose. Because of high cost and metal fatigue, only allowing re-use four to six times, we abandoned this method and returned to the original retrograde procedure, using the 120-mm cannula. This procedure lasts approximately 15 min longer than the former, but allows more extensive suturing.

As illustrated above, alternative methods exist and with the cooperation of industry a standard extradural tunnelling kit may be presented in the near future! Nevertheless, until that day, we are all dependent of new information from colleagues in similar clinical situations.

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ANTAGONISM OF NEUROMUSCULAR BLOCKADE

Sir,—Several workers have shown that glycopyrrolate has advantages over atropine when used with neostigmine for reversal of neuromuscular blockade. It causes less tachycardia (Klingenmaier et al., 1972; Ramamurthy, Shaker and Winnie, 1972; Mirakhr, Dunlee and Clarke, 1977; Osteheimer, 1977; Cozanitis et al., 1980; Bali and Mirakhr, 1980) and has a longer duration of action (Ramamurthy, Shaker and Winnie, 1972; Cozanitis et al., 1980). Most workers have studied combinations using neostigmine 2.5 mg. There are no reports following neurosurgical operations, where it is the normal practice in our hospital to use neostigmine 5 mg, when large doses of neuromuscular blockers have been used. We compared atropine 1.8 mg and glycopyrrolate 1 mg given with neostigmine 5 mg in the antagonism of neuromuscular blockade following various neurosurgical operations.

One hundred and ninety-one patients aged 16–78 yr (mean 53 yr) were studied. The anaesthetic technique was not standardized, but usually consisted of thiopentone, suxametho-