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Deposited on: 6 August 2014
naprofen-frusenide treatment. All the patients in cardiac failure suffered approximately a 50% reduction in urine volume output when naprofen was added to their regimen, which reaffirms the findings of Drs Yeung Laiwah and Mactier indicating a clinically important interaction.

Indomethacin and naprofen did not differ from each other at the level of significance chosen; however, the numerical trend was for naprofen to cause more sodium and water retention than indomethacin. I would echo the sentiments of Drs Yeung Laiwah and Mactier that drugs of this class are best avoided while diuretic therapy for cardiac failure is in progress.

ROSEMARY FAUNCH

Department of Geriatric Medicine
and Clinical Pharmacy Unit,
Northwick Park Hospital,
Harrow, Middle HAA 1J

Istrogenic hyponastraemia of the newborn due to maternal fluid overload

Sin,—We would like to congratulate Dr W O Tarnow-Mordi and his colleagues on their study (5 September, p 639), in which they demonstrated elegantly the istrogenic risk of intravenous fluid overload and hypoastraemia which can occur in obstetric patients and their infants. We fully endorse the authors' conclusion that intravenous fluid administration must always be monitored carefully by medical staff.

Although it is now well understood that severe hypoastraemia can develop rapidly in patients who receive excessive intravenous fluid loads, this condition continues to be seen with depressing frequency and is not confined to obstetric practice and is seen not uncommonly in the postoperative period. We recently found4 that severe hypoastraemia in a general hospital population was frequently attributable to excessive use of 5% dextrose infusions postoperatively or of diuretics, or both. In either case prompt resolution of hypoastraemia usually occurred once the cause was recognised and removed.

P G E KENNEDY

Department of Neurology,
Institute of Neurological Sciences,
Southern General Hospital,
Glasgow G51 4TF

Sin,—I write to defend Dr H B Valman's article “Sleep problems” (8 August, p 422).

Up to the time I read the article I had had almost two years of broken nights caused by my second son's demanding breast feeds. That same night, I put him into reconditioning force—six weeks later, although I cannot say every night is unbroken, I have had the most continuous sleep for two years. I am greeted each morning with a beaming smile who has not been crying in the night. I cannot believe that this new small amount of occasional crying is going to cause emotional problems later on. My thanks to Dr Valman.

SUSAN BOLGER

London E9

Child-resistant containers: are we kidding ourselves?

Sin,—In their report (25 July, p 271) Dr D A Greig and his colleagues rightly question whether polystyrene containers which meet the mechanical strength requirements of BS 1679: Part 4 1969 also provide sufficient resistance to unorthodox methods of opening adopted by children.

The test for mechanical strength of BS 1679: Part 4 1969 is essentially the same as a procedure originally developed in this laboratory4 for the evaluation of tablet and ointment containers. By the introduction of a force of 35 N at a single point using a simple apparatus we assessed either strength—in rigid (polystyrene) containers—or the extent of distortion—in flexible (polychloroprene and propylene) containers. Thus we were able to identify the containers which could be expected to provide adequate protection to their contents during use by (adult) patients and those which were too thin, too brittle, or too flexible.

In the recent study by Dr Greig and his colleagues only rectangular shaped tablet bottles were involved, although the cylindrical polystyrene containers with child-resistant closures are also readily available. There are indications that some of these latter containers may offer greater resistance to biting than the rectangular type. In an ad hoc test I carried out, five child-resistant containers of polystyrene (from four different makers) were bitten with maximum force. The four cylindrical containers all developed fine vertical cracks but showed no other signs of breakage and there was no risk of the lid being detached. Gross failure with the almost certain loss of contents occurred only in the rectangular tablet bottle, which was of similar design to those illustrated by Dr Greig.

Whereas a wider study is clearly necessary to confirm the relative protection to bite forces afforded by cylindrical and rectangular polystyrene containers, the observations of both ourselves and Dr Greig suggest that the