PEEP valve produced by Blease Medical Ltd (Catalogue No. 12800).

This valve has been in clinical use at the Royal Infirmary, Chester, for the past year. It is used only as a safety blow-off expiratory valve on the anaesthetic circuits of two ventilators: the ERV and the Manley MPT. The valve is not designed to replace the Heidbrink valve in other circuits; it could be hazardous if forced closed either by its own mass (if upside down) or by pressure accidentally exerted on the upper disc by the weight of a pillow or surgical towels near and around the head of the patient.

S. M. MOSTAFAD  
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REFERENCES


**SERUM CONCENTRATIONS OF LORAZEPAM**

Sir,—Because we also are in pursuit of the perfect premedication, it was with great interest that we read the paper on lorazepam by Dundee and others (1977).

The clinical appraisal of lorazepam (Ativan) by Gale and Galloon (1976) prompted us to measure the serum concentrations produced by the i.m. and oral routes of administration and to investigate if the addition of metoclopramide to the orally administered drug might increase the rate of absorption from the gastrointestinal tract (Gamble et al., 1976).

Thirty patients undergoing orthopaedic surgery (age range 20-60 yr) were allocated randomly to three groups. The dose of lorazepam used was $0.04 \text{ mg kg}^{-1}$ body weight. All the drugs were given 2 h before operation and venous blood was sampled 30 min, 1 h, 2 h and 3 h after administration of the drugs. Serum concentrations of lorazepam were measured by gas-liquid chromatography. The values are shown in Table I, each value being the mean of 10 determinations.

**Table I. Serum lorazepam concentration (mg dl$^{-1}$) ($n = 10$, SD = 5.5)**

<table>
<thead>
<tr>
<th>Administration</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>22</td>
<td>21.7</td>
<td>21.8</td>
</tr>
<tr>
<td>Oral + metoclopramide</td>
<td>19.6</td>
<td>16.6</td>
<td>21.9</td>
</tr>
<tr>
<td>I.m. injection</td>
<td>16.8</td>
<td>20.4</td>
<td>23.1</td>
</tr>
</tbody>
</table>

There was no significant difference between the values.

It would appear that the route of administration does not affect the serum concentrations attained over the time period of investigation.

Unlike diazepam, which is absorbed more effectively from the small intestine (Gamble et al., 1976), or digoxin, which is absorbed more effectively from the stomach (Manninen et al., 1973), lorazepam appears to be absorbed from both sites equally and effectively over the time period measured.

We concur with both Gale and Dundee that lorazepam produces effective anxiolysis and anterograde amnesia even with the lower doses used in our study.

**REFERENCES**


**ANAESTHETISTS’ JOINT WORKING PARTY ON HOSPITAL BUILDING PROGRAMME**

Sir,—A Joint Working Party has been established by the Faculty of Anaesthetists of the Royal College of Surgeons of England and the Association of Anaesthetists of Great Britain and Ireland with the objective of “ensuring that anaesthetic requirements are taken into consideration in proposed hospital building programmes related to the Department of Health and Social Security (DHSS)”.

The composition of the Working Party is: Dr T. B. Boulton (Chairman), Professor A. R. Hunter and Dr H. T. Davenport (representing the Faculty), Dr E. B. Lewis and Dr J. M. B. Burn (representing the Association) and Dr A. Hind (co-opted to represent the DHSS).

The Working Party is currently establishing itself as the channel by which the interests of anaesthetists in the field of hospital building can be represented and supported at all levels in the National Health Service.

The Working Party is preparing recommendations for the revision of the Design Guide “Anaesthetic Services in District Hospitals” (DHSS JH48/83 of 27 October 1971) and is urging its universal application in future planning. It has been established that Design Guides now have the same authority as the Building Notes which preceded them; although some authorities seem reluctant to accept this interpretation of central DHSS regulations.

The Working Party also intends to review all Building Notes and Design Guides relating to operating theatre suites, recovery rooms, intensive care areas, etc. and would welcome constructive suggestions.

The Chairman and members of the Working Party would be pleased to advise and lend their support to individual departments of anaesthesia concerned with ensuring that the interests of anaesthetists are fully served in planning and constructing new buildings or reconstructing old ones.

**T. B. BOULTON**  
Chairman

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