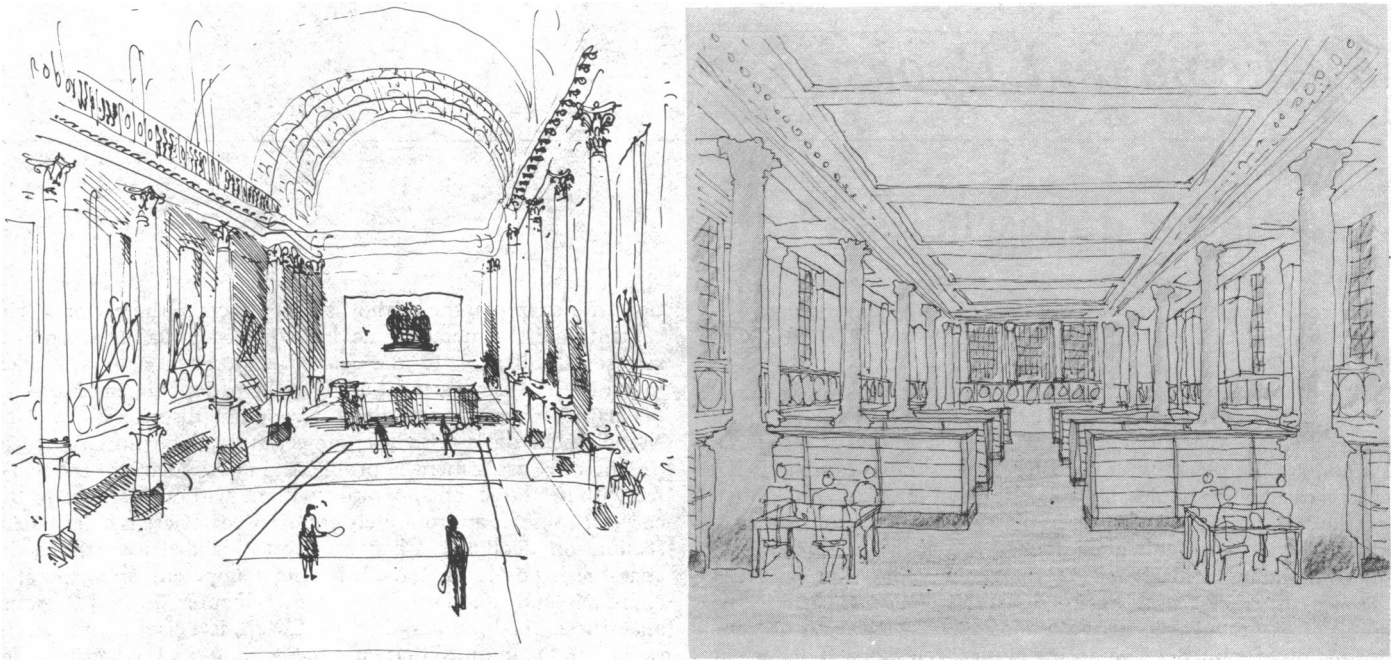

FIG 4—Left: sketch by David Gentleman of the Great Hall at present, with the badminton players and looking towards the stage. Right: architect's sketch of the Great Hall as a library, looking in the other direction and showing the level of the new ceiling. The details of the ceiling and library furniture in this impression are not necessarily correct.

Managing the estate

The whole scheme for the Great Hall would provide about 10 000 square feet of library and committee room space and will cost over £0·5m to build (not including the cost of new library fittings). In turn the plan would free almost 7000 square feet of space in the existing library and committee rooms A, B, C, and D and E, plus a further 3000 square feet in the basement. If all this space were let it could bring in an annual income of over £100 000—a good rate of return on the original investment.

The motive of freeing space for letting within BMA House is not new.[1 2] Indeed it has always been part of the BMA's approach to its present headquarters that part of it should be let to generate income to help maintain the building and pay its running costs. The advantage of this latest scheme is that for the first time the Great Hall will be regularly used and so make a major economic contribution to the running of BMA House. The plan is merely another step along the road taken in 1923, when the BMA shrewdly bought an abandoned temple.

The plan and drawings of the scheme are reproduced by kind permission of Mr Ivan Nellist, of Nellist, Blundell, and Flint, the BMA's architect.

References

[1] Smith J. BMA House and its architects. *Br Med J* 1982;5 July:70-6.
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Clinical curio: self medication with xylazine

Despite ever increasing abuse of psychotrophic drugs, it is unusual for a patient to resort to an animal tranquilliser for self medication.

A 39 year old veterinary surgeon's wife was admitted to hospital for investigation of attacks of tiredness, faintness, and blurred vision that had occurred over four months. Attacks lasted up to 72 hours and were usually followed by sleep. In one attack she had been observed in hospital elsewhere and had been noted to have a severe bradycardia that resolved spontaneously. She had a history of alcohol abuse.

On admission she was drowsy with slurred speech. She had an open wound of the right hand said to have been the result of a horsebite one year previously. There was a sinus bradycardia of 35/min with a blood pressure of 130/90 mm Hg. The electrocardiogram confirmed the bradycardia but showed no ischaemic changes. Some bruising and puncture marks on the buttocks suggested recent injection sites. In view of the history and the possible injection sites, we asked about drugs. It transpired that one of the few veterinary drugs kept in the home was xylazine, an animal tranquilliser. Her husband had been puzzled by the rapid diminution of his supplies. Analysis of urine and serum specimens collected on admission showed concentrations of 1674 μg/l and 30 μg/l respectively. When challenged, the patient admitted to taking xylazine because of her painful hand, but she did not admit to injecting herself with the drug.

Xylazine (2-(2, 6-xylidino)-5, 6-Dihydro-4*H*-1, 3-thiazine hydrochloride) is extensively used in veterinary practice as a sedative with analgesic and muscle relaxant properties. It is a basic member of the 1, 3-thiazine group of drugs, which have similarities to the phenothiazines, which are 1, 4-thiazines, and to the imidazole derivative clonidine. It is recommended for tranquillising aggressive animals, those being transported, and those undergoing special examinations or minor surgery. Little is known of its effect in man, but in a volunteer 7 mg intravenously induced anaesthesia and a bradycardia of 44/min,[1] and in a deliberate overdose 1000 mg eventually produced coma and apnoea.[2] The severe bradycardia is unusual in other animals except sheep,[3] but there seems to be a considerable variation in response among the species.—SUSAN LEWIS, senior house officer, C L P O'CALLAGHAN, house physician, and P J TOGHILL, consultant physician, Nottingham.

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[3] Shokry M, Morad HM, Khalil IA. Studies of the effect of Rompun in sheep. *Veterinary Medical Review* 1976;**2**:237-43.