In the scenario described here the patient was fast approaching a terminal state. The rapid relief of the patient's distressing nausea and vomiting (which was a paramount consideration) following administration of nabilone suggests that the drug is efficacious in this situation. Currently, the recommended daily dosage during cancer chemotherapy is 1 mg or 2 mg twice daily, but it can be used up to a maximum total daily dose of 6 mg (ABPI, 1989). The most common side effect is drowsiness, which was encountered in our patient, and care must be taken with concomitant administration of other central nervous system depressants, including alcohol. It can also on occasions induce psychotic and other neuro-psychiatric adverse reactions (ABPI, 1989), particularly when used repeatedly. The drug is excreted

primarily by the hepato-biliary route and its usage is not recommended in patients with severe hepatic dysfunction (ABPI, 1989). Nonetheless, despite the potential for these side effects, the apparent value of nabilone as a therapeutic alternative in the treatment of intractable nausea in terminal AIDS should not be ignored and clearly warrants further investigation.

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Psychomotor effects of ketorolac

In the discussion of their article 'Psychomotor effects of ketorolac in comparison with buprenorphine and diclofenac', F. C. MacDonald *et al.* (1989) cited our study. Unfortunately, the dose of buprenorphine (50 mg orally) that they reported us to have given is incorrect. We studied

the effects of buprenorphine after a sublingual dose of 0.4 mg in 12 healthy volunteers and found that it produced the clearest impairment in psychomotor skills 4 h post administration. In that study a single oral dose of 50 mg amitriptyline served as a positive control.

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