

The results show that timing of the overdose was documented in 98% of cases, medication history was recorded in 45% of cases and an alcohol history was documented in only 28% of cases. We then asked all junior doctors involved in the emergency treatment of paracetamol overdose to fill in a brief questionnaire to ascertain their level of knowledge. Our results showed that 97% of doctors acknowledged the need to obtain a medication history and 80% recognized the need to obtain an alcohol history. Of those drugs which doctors thought were important, 25 different types of drugs were mentioned, but only 15% of respondents mentioned enzyme-inducing agents.

Furthermore, only 20% knew that Parvolex could be used more than 15 h after overdose, 40% stating that it could be used up to 12 h following overdose. We conclude that junior doctors treating patients after paracetamol overdose do not always recognize factors which may potentiate the toxic effects of paracetamol, and that new guidelines on the treatment of paracetamol overdose should be more widely publicized.

The drug information leaflet provided with Parvolex does not mention the patients who may be at increased risk of paracetamol overdose, and still incorrectly states that treatment in patients who are more than 15 h post-overdose treatment is supportive only. The correct information is given in the British National Formulary. We feel that it is important that junior doctors are given accurate advice. We recommend that a full drug history should always be taken and that the new guidelines recently formulated by the UK Toxicology Group be more widely distributed and followed.⁵

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Selenops radiata bite

A 19-year-old shop assistant, unloading a delivery of bananas that originated from the Windward Islands, noticed a spider on his hand. He felt he had been bitten, captured the spider and attended the accident and emergency (A&E) department. On arrival the patient was well with no signs of toxicity.

An arachnid expert from the Natural History Museum in London was telephoned and the spider was described to him. He identified it as a *Selenops radiata* – a form of huntsman spider that is not harmful to man. The patient was reassured and discharged. The spider was sent to the museum and the identity was confirmed.

After discussion the museum has agreed to publish the following name and telephone number for those who may require similar assistance:
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Fracture of the accessory navicular

The accessory navicular (os tibiale externum) is one of 21 inconsistent bones occurring in the foot situated on the postero-medial aspect of the tibialis posterior muscle. It is inherited as an autosomal dominant trait and is often bilateral.

Non-traumatic problems, caused by very large os tibiale externa, are usually linked to shoe pressure causing callosities of the skin overlying the bony prominence and bursitis. Sometimes mid-tarsalgia can be the only clinical manifestation pointing to its presence.

Sporting activities may cause traumatic involvement of other accessory bones of the foot, but acute fractures of the os tibiale externum have been reported only twice.¹ We recently dealt with a 34-year-old long jumper who sustained an inversion immediately followed by eversion injury to his left