A negro woman aged 33 years consulted me for backache and attacks of abdominal pain. Two uterine fibroids were felt on examination and she was advised myomectomy. In accordance with my usual custom, on completing the myomectomy I proceeded to the removal of her appendix. The caecum appeared normal, but the terminal inch (2.5 cm.) or so of the ileum was adherent to the apex of the caecum. As the appendix was not immediately apparent, this part of the ileum was carefully dissected off, as I expected to find an appendix there. A thorough search (including palpation of the caecum) failed to reveal any trace of the appendix. The ileum was resutured back to the caecum and the incision closed. Recovery was uneventful.

This seems to me to be a definite case of complete congenital absence of the appendix.—I am, etc.,

Georgetown, British Guiana. N. N. IOVETZ-TERESHCHENKO.

Skin Rash at Cheltenham

SIR,—Your note on the recent epidemic skin rash at Cheltenham (*Journal*, May 31, p. 1203) quotes me as thinking it to be the same as that recorded by Schuppli from Basle in 1946 (not 1944).

Dr. G. B. Dowling drew my attention to Schuppli's report when the first Cheltenham cases appeared, and the resemblance is certainly close; but there is some doubt as to the complete similarity of the two epidemics. An exact cause has not been found for either, and therefore it would seem best at present to note that they are alike, without suggesting that they are identical.—I am, etc.,

Gloucester. ROBERT BOWERS.

Preventing Severe Surgical Shock with A.C.T.H.

SIR,—The medical memorandum by Mr. Alfred Beck (March 22, p. 636) was of considerable interest to us. For the past year we have been using A.C.T.H. before, during, and after surgery in selected cases. It seemed to us that there was good reason to believe that A.C.T.H. would often prevent or modify shock in long and severe operations. In the majority of cases in which the method has been employed we have felt convinced that shock has indeed been greatly lessened.

The technique has been to inject 10 to 20 mg. (units) A.C.T.H. (in an adult) some hours before operation and again after a lapse of four to six hours. Some patients have received further amounts on return to the ward. If the patient's condition permits, we think it wise to limit the A.C.T.H. to three or four doses, because there is some evidence that healing is delayed. Two of our patients had "burst abdomens," both having received A.C.T.H. for several days. This could be explained on other grounds possibly, but it has made us cautious.

We have applied the method in more than 40 cases now, and they have all been long and severe operations. Six "porta-caval shunts" (Mr. P. Theron), two pelvic exenterations (Mr. G. Charlewood), and several oesophagectomies are included.

As yet we have not used cortisone, but think it may be useful when a patient who is acutely ill has to undergo an operation. A.C.T.H. has been disappointing in some of these cases. This is perhaps to be expected, since the suprarenals probably have little reserve under these conditions.

It is our intention to submit a paper on this subject in the near future; but it is difficult to present it in a scientific manner because of the absence of controls. We are convinced of the efficacy of the method, and it does not seem justified to withhold it, if there is serious risk to life, in order to obtain controls.—We are, etc.,

D. C. DEVITT.
J. C. NICHOLSON.
K. B. VETTEN.

University of the Witwatersrand, Johannesburg.

Tragedy of Involutional Depression

SIR,—I wish to call attention to the lamentable state of affairs concerning the frequent lack of recognition of involutional depression, and the consequent denial of adequate treatment of this common psychiatric illness. In the last few years it has been my lot, in the course of my duties as a psychiatrist, to see scores of cases of this disorder, the majority of which, unfortunately, had been allowed to suffer untold misery for long periods before eventually they came within reach of specialist attention. This condition, as a rule, responds so dramatically to E.C.T. that in my view it is highly deplorable to deny this modern treatment to patients suffering from this distressing malady. Apart from the sufferings of the patient and the risk of suicide, the illness frequently entails considerable hardship to the patient's family, and in the aggregate no little loss of working capacity to the nation as a whole. Patients suffering from this complaint are often labelled as psychoneurotics or plain hypochondriacs, or quite often they are made to go through the whole gamut of costly and elaborate investigations before finally, after a long delay, they are referred to the psychiatrist. If all patients of the age group in question suffering from depression of some weeks' duration were promptly referred for opinion to the psychiatric physician a great deal of avoidable misery would be averted.—I am, etc.,

Cheddleton, near Leek, Staffs. CHARLES BORG.

Arterial Occlusion During Fit

SIR,—I was interested to read Dr. W. L. B. Leese's medical memorandum (April 19, p. 854) on the case of spontaneous arterial occlusion during an epileptic fit. A few weeks ago I saw in consultation a very similar case, the only difference being that this was induced by insulin.

A woman aged 48 was given insulin shock treatment for depression. Full limb oscillometric study had previously shown a normal peripheral vascular tree. In the latter stages of treatment she complained of pain on exertion in her right leg. A few days later she was suddenly seized with violent pain in her right leg, and examination showed complete occlusion of the right iliac, femoral, and profunda arteries. A subsequent arteriectomy confirmed this. With lumbar sympathectomy the circulation improved, and at present it seems as if the patient will lose only the terminal phalanges of the foot.

As there is no evidence of peripheral arterial disease elsewhere, one wonders how much damage to the intima of an artery can be caused by such therapy. Obviously this is a matter which requires fuller investigation.—I am, etc.,

London, W.1. E. M. HERBERT.

Pulmonary Embolism

SIR,—May I beg the hospitality of your columns to challenge Mr. McNeill Love's statement (April 26, p. 920) that any surgeon who fails to balance his patients' heels on a pillow is morally responsible for subsequent pulmonary embolism? There is no evidence that this manœuvre has any effect on the incidence of thrombo-embolic disease, nor that unconscious recumbency for an hour or so is a factor in its pathogenesis. This is indeed fortunate, as otherwise sunbathers, and people who make a habit of going to bed at night, would be in constant mortal peril. It is difficult to believe that such mild pressure could cause thrombosis in the well-cushioned muscle veins whilst leaving the superficial veins unscathed. It is even more difficult to ignore the much greater pressure on the buttocks.—I am, etc.,

Barnet, Herts. V. J. DOWNIE.

Discharge of Certified Mental Patients

SIR,—It is a pity that the amended Section 72 of the Lunacy Act, 1890, should have received such undeservedly harsh criticism (May 31, p. 1193). It is possible that conditions vary from area to area, but in my experience relatives of patients are by no means as unreasonable as alleged, and they rarely abuse the new freedom given them. With very few exceptions they accept the advice of the hospital specialist. In the difficult case I have been able to persuade the appropriate relative to take the patient out on trial (Section 55), and this will demonstrate that the patient is not fit to be out; the added weight of the family doctor's opinion will help here, as Dr. C. A. Watts points out (May 31, p. 1193).