factory doctor, or the psychiatrist. In cases of apparently serious and sudden psychosis occurring in the middle-aged, middle-class male the possibility of such a "busman's holiday" needs to be kept in mind. Two recent illustrative cases follow.

A senior policeman, aged 43, presented with apparent endogenous depression, with weeping, early waking, retardation, etc. He had recently been on a senior officers' course, where he was overwhelmed by the management theory, the group interactions, and the amount of alcohol consumed. He had to work at considerable pressure before and after the course because of having been away on it and became depressed, self-critical, and morbidly suspicious of others. Eventually he had to retire despite treatment and despite a hitherto successful career.

A man aged 32 attended a salesmanship course at a hotel under the conditions outlined above and began to feel that people around him were against him. His thoughts became muddled and he harboured the delusion that Ford motor cars were following him and keeping an eye on him—for example, when he telephoned his wife. Eventually he became over-active and peculiar in his behaviour and was picked up outside a local T.V. studio under the impression that he had been asked to appear on a well-known programme. He recovered rapidly with treatment.

—I am, etc.,

PETER HALL

Malvern, Worcs

Withdrawal of Rifamide

SIR,—May we echo the views of Professor J. D. Williams (6 July, p. 44) that the withdrawal of rifamide (Rifocin-M (Lepetit)) would be a retrogressive step. This drug attains exceptionally high levels in the biliary tree and has been described as "the only specific antibiotic" for cholecystitis,¹ and its loss would leave a considerable gap in the antibiotic armamentarium. 5-Fluorocytosine is another infrequently used but equally specific drug. This compound was supplied free by Hoffman La Roche (a company which has come under heavy criticism from other quarters) to hospitals on request for many years.

Though we realize the commercial considerations in a free-enterprise drug industry, we hope that Lepetit Pharmaceuticals Ltd. will reconsider the withdrawal of Rifocin-M or make it available on personal request. —We are, etc.,

D. S. REEVES
R. WISE

Department of Pathology,
Southmead Hospital,
Bristol

¹ Stratford, B. C., and Dixon, S., *Medical Journal of Australia*, 1966, 1, 1.

Inversion of the Appendix

SIR,—Incidental removal of the appendix is of undoubted prophylactic value and it is right that the technique should be as safe as possible. Some time ago I reviewed in some detail the methods of management of the appendix stump.¹ There are three acceptable methods—amputation leaving a projecting stump, "burial" of the ligated stump with a retaining purse-string structure, and inversion of the ligated stump with retention by a serosal suture. There is little to choose between these methods for the "cold" case but "burial" seems as safe as any; if this ever causes a small intramural abscess it usually discharges into the caecum.

Inversion of the whole appendix after detachment of the meso-appendix is now

advocated by Mr. F. S. Tait (29 June, p. 726). Even though in a large series he has not, so far, personally encountered any early or late complications, I doubt if this proposal is wise. After Edebohl's introduced this technique in 1895 there were reports of bleeding from the inverted appendix and of caecocolic intussusception. Mr. G. H. Dickson (18 May, p. 385) has added lately the additional complication of re-emergence of the appendix with ileal obstruction by adhesions.

I fear that if total inversion is generally adopted there will be a crop of obstructions by intussusception. Spontaneous inversion of the appendix, a rare but well-documented condition, is well known to induce caecocolic intussusception. It seems wrong to create knowingly a situation which may give rise to such a dangerous complication.

In passing I would put forward the plea that surgeons should inform their patients more precisely when they remove the appendix in the course of an abdominal exploration. Too often one is faced in emergency with the situation where one may suspect that the appendix has been removed, particularly during a gynaecological procedure, but the patient has not the faintest idea of the answer.—I am, etc.,

JOHN SHEPHERD

Liverpool

¹ Shepherd, J. A., *Surgery of the Acute Abdomen*, Ch. X. Edinburgh, Livingstone, 1960.

Anoxic-ischaemic Brain Injury

SIR,—In your leading article on this subject (13 July, p. 73) you say that the common clinical impression is that consciousness is lost after about six seconds of total arrest of cerebral circulation. I would say that it is a great deal less than this. It is a time interval which is difficult to measure objectively, especially as the term "loss of consciousness" is not a precise one. A fairly accurate estimate can be made if it is possible to watch the patient and to take a continuous electrocardiogram at the time of a cardiac arrest. Such an opportunity will rarely occur, but I had the chance to do

this on one occasion, and on two others when ventricular standstill was provoked by carotid sinus pressure.¹ In all three patients it seemed that consciousness was lost immediately or, say, within one second of the stopping of the ventricle. After a few seconds signs of epilepsy appeared, and this was something that could be measured more or less exactly. The onset of tonic and clonic contractions of the limbs could be timed by their effects on the electrocardiogram, and this varied from five to eight seconds after the ventricle stopped beating.—I am, etc.,

HAROLD COOKSON

Lytchett Matravers,
Poole, Dorset

¹ Cookson, H., *British Heart Journal*, 1952, 14, 350.

Sterilization of Fibrescopes

SIR,—Your leading article on fibreoptics (20 July, p. 131) made interesting reading and encouraged a potential patient to expect faster and less traumatic diagnostic procedures when his time comes. However, as chairman of the Central Sterilizing Club, my heart sank at the prospect of yet more unsterilizable and even more expensive instruments becoming available. The only really satisfactory procedure for sterilization is by autoclaving; others are with low-temperature steam and formaldehyde, ethylene oxide, and liquid chemicals in descending order of usefulness. To make matters worse many instruments are now so expensive that no one dare lend us one to test in case of damage.

May I plead for manufacturers and designers to remember the problem and to state clearly what methods, if any, can be used? If anyone has actually found a satisfactory way of dealing with specific instruments I would be grateful to hear about it so that the information can be made available to those who need it.—I am, etc.,

J. C. KELSEY
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Public Health Laboratory Service

Colindale Hospital,
London N.W.9

Call to Arms

SIR,—It has now, I think, been made quite clear that the profession as a whole has been short-changed by the Review Body and indeed that the "wise men" themselves are not too happy about their findings. The time has come, therefore, to forget any internal differences that we may have and turn solidly to the support of the B.M.A. in the policy that it proposes—namely, graduated sanctions culminating, if necessary, in mass resignation.

My only fear regarding the B.M.A. is that it will "chicken-out" as it has been known to do in the past, but a massive show of support should minimize this risk and strong language is the only thing that this Government understands. Doctors should always remember that they are not only running a medical practice but also running a business and that a profit is desirable at the end of a year's work. No energy should be wasted on trying to set up an alternative health service. Should resignation come, then the patient must be expected to pay as was the

case prior to N.H.S. It is true to say that no patient must be allowed to suffer physical hardship, but a squeeze on their pockets would help a great deal towards having our demands met and the N.H.S. reinstated.

Young doctors with mortgages etc. and old doctors with an eye on their pension should not worry about resignation—strong action and the fight will be short-lived. Support the B.M.A. and we shall win.—I am, etc.,

J. MILLER AITKEN

Dundee

Rescuing the N.H.S.

SIR,—There is no doubt that the Health Service is in a desperate state in many areas, where chronically underpaid and scarce staff face ward closures, lengthening waiting lists, and deteriorating standards of care. On top of this, recent disputes have often proved crippling to all workers in the service.

The B.M.A. belief that what is needed is an immediate injection of £500m. is an