is an acceptable risk in any individual case is, of course, for the surgeon performing the operation to decide. We now suture the greater omentum up over the lesser curve at the end of a highly selective vagotomy procedure to minimize the risk.—We are, etc.,

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Fainting during General Anaesthesia in Supine Dental Patients

SIR,—With reference to the letter from Dr. J. G. Bourne (7 September, p. 627) the following case would be of interest.

A nervous but healthy man aged 46 was placed horizontally for dental treatment under intravenous sedation with pentazocine, atropine, and diazepam. At the outset venepuncture was difficult, and a further venepuncture had to be carried out on the other arm. While this was being given the patient became very pale and lost consciousness. His head was lowered approximately 6 in (15 cm) below the level of his feet and consciousness immediately returned, the patient making the remark that he had not expected to go to sleep so quickly. The induction was then completed and he again lost consciousness. He was very pale, cold, and clammy and apparently there was no peripheral pulse—he appeared to stop breathing. His lungs were inflated with oxygen for about 1½ minutes, when shallow breathing and a weak pulse returned. He was given further atropine, and 100% oxygen was administered for five minutes, after which there was no further cause for anxiety. The operation took a total of 1¾ hours, at the end of which the patient was very happy and apparently normal. The total amounts of pentazocine and diazepam given were 30 mg and 18 mg respectively.

It is important to note that the chair used is completely horizontal so that there is no "abdominal well." I consider that the horizontal position is not adequate for very nervous patients and one should be watching the colour of the patient—particularly during the opening minutes of the operation. A chair which raises the feet a few inches above the rest of the body is, in my opinion, essential.—I am, etc.,

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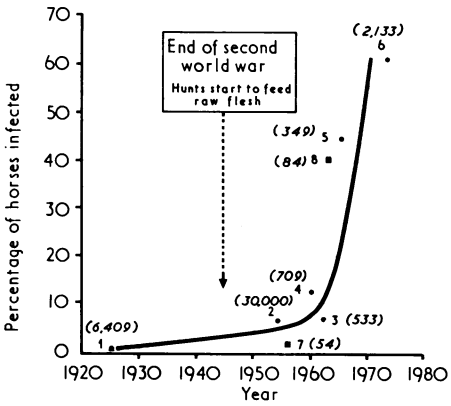
Potential Danger of Hydatid Disease of Horse/Dog Origin

SIR,—We believe the attention of the medical profession should be drawn to a potential change in position with respect to human hydatid disease in Great Britain.

Human hydatid disease of sheep/dog origin is fortunately not common in Britain and is largely confined to Wales. However, within recent years a dramatic and alarming increase of hydatid disease in horses has become apparent (see fig.). We believe that this rise is due to an increase in the feeding of raw meat and offal, including horse offal, to hunting dogs since the end of the second world war. This feeding practice, brought about mainly by economic pressures, has led to a widespread prevalence of the tapeworm *Echinococcus granulosus* in hunting dogs in this country. With the co-operation of relevant hunting authorities we have examined 121 hunting dogs, mostly foxhounds, from 21 kennels and have found 28·8% to be infected.[9] These dogs, of which there are at least 20,000 in this country, cover extensive



Incidence of Equine Echinococcus in Great Britain. (Nos. 1-8 = references listed at foot of letter. Figures in parentheses represent nos. of horses tested.)

areas of countryside and there must therefore be widespread contamination of the countryside with infective eggs of *E. granulosus*.

Though eggs from sheep/dog infections are known to be highly infective to man, there is little evidence available regarding the potential infectivity to man of the horse/dog parasite. Experimental work in vitro[10] suggests that "sheep" and "horse" hydatid may represent different "strains" of *E. granulosus* and it is possible that the horse/dog "strain" may prove not to be infective to man. Nevertheless, evidence from experimental infections of laboratory rodents indicates that the cystic stages of the horse "strain" develop more slowly than the sheep "strain" and, if infective to man, it might be some years before this became evident in the population.

Present figures relating to hydatid disease in man have yet to show any increase in the incidence of the disease, but we feel that the attention of radiologists and surgeons in particular should be drawn to this potential health hazard.—We are, etc.,

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1 Southwell, T., *Annals of Tropical Medicine and Parasitology*, 1927, **21**, 155.
2 Hay, quoted by Forbes, L. S., *Veterinary Record*, 1964, **76**, 597.
3 Edwards, quoted by Forbes, L. S., *Veterinary Record*, 1964, **76**, 597.
4 Williams, R. J., and Sweatman, G. K., *Parasitology*, 1963, **53**, 391.
5 Cook, B. R., Ph.D. Thesis, University of Liverpool, 1965.
6 Dixon, J. B., Baker-Smith, J. K., and Greatorex, J. C., *Veterinary Record*, 1973, **93**, 255.
7 Miller, W. C., and Poynter, D., *Veterinary Record*, 1956, **68**, 51.
8 Forbes, L. S., and Cook, B. R., *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 1963, **57**, 5.
9 Thompson, R. C. A., and Smyth, J. D. In preparation.
10 Smyth, J. D., and Davies, Z., *International Journal for Parasitology*, 1974, **4**, 443.

Halothane and Liver Damage

SIR,—Your well-balanced leading article (7 September, p. 589) is most welcome.

I am not a great upholder of halothane as a perfect drug, but I am, insofar as I understand them, an upholder of the laws of evidence as applied to scientific research. The Committee on Safety of Medicines continues to note the occurrence of jaundice after anaesthesia and to point out that halothane was used in the cases of which it happened to receive reports. No doubt it would be equally true, though perhaps less apposite, to observe that thiopentone or another barbiturate was used. Yet it is scarcely an exaggeration to say that on the basis of this kind of relationship, not evidently causal, the committee appears to have drawn conclusions strong enough to motivate its ill-received letter.

Private individuals or independent groups may draw whatever conclusions they wish and build upon them at their peril, but the Committee on Safety of Medicines is a statutory body which must command the respect of all relevant professions in all countries. Is it a proper part of its function to enter the arena of clinical judgement in the use of drugs and, if so, on what basis?

I apologize for the tone of these remarks, but I believe they are not impertinent. The functions and the utterances of the Committee on Safety of Medicines are the concern of us all. Perhaps there is a principle here which should not be obscured by the details of a specialized controversy about one single drug.—I am, etc.,

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Withdrawal of Rifamide

SIR,—I have recently read the letter by Professor J. D. Williams on rifamide (6 July, p. 44).

I wish to point out that no in vitro data on the activity of rifamide on bacteroides were reported in our paper[1] mentioned by Professor Williams. Results on the in vitro action of rifamide against *Bacteroides fragilis* were given by Ingham *et al.*,[2] while Kislak[3] and Nastro and Finegold[4] (references 5 and 6 in Professor Williams's letter) used rifampicin and not rifamide in their experiments.

The same misunderstanding seems to have occurred also elsewhere,[5] at least as regards the paper by Nastro and Finegold, so that it seems appropriate to clarify the actual situation.—I am, etc.,

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1 Pallanza, R., Furesz, S., and Timbal, M. T., *Arzneimittelforschung*, 1965, **15**, 800.
2 Ingham, H. R., *et al.*, *Journal of Clinical Pathology*, 1970, **23**, 254.
3 Kislak, J. W., *Journal of Infectious Diseases*, 1972, **125**, 295.
4 Nastro, L. J., and Finegold, S. M., *Journal of Infectious Diseases*, 1972, **126**, 104.
5 *Lancet*, 1973, **1**, 27.

Forebodings for the Future

SIR,—I would like to concur with nearly everything Dr. S. Bradshaw says in his Personal View (14 September, p. 682). I am not well into the middle age, but have the same forebodings for the future and dissatisfaction with the present. It is interesting that many of the recent Personal Views have been along these lines, and it is of course unfortunate that like Ivan Illich, whose philosophy I feel sure these contributors would appreciate, they cannot offer a prac-