Richter's hernia at site of insertion of laparoscope

SIR,—In describing an obstructed Richter type of hernia after use of a 12-mm laparoscopy trochar Mr J B Bourke (26 November, p 1393) is describing another form of deep wound dehiscence. Use of a ratio of suture length to wound length of 4:1 or more when closing the fascial defect would prevent this complication. One or perhaps two unabsorbable sutures 4 cm in length, plus the length of suture involved in the knot taking a 1-cm bite of fascia on each side of the wound, is all that is required to prevent this complication. The laparoscope can be left unaltered.

T P N JENKINS

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Uncovering physical illness in elderly patients with dementia

SIR,—Your recent leading article (10 December, p 1499) on this subject gives excellent advice on dealing with disease, particularly "silent" disease, in the elderly. One important pitfall, especially to be considered with the ethical problem of how far to treat these diseases, is, however, not mentioned. It is not possible to diagnose dementia in the presence of a toxic confusional state. Unless previously well screened an old person presenting as a case of dementia must therefore be regarded as suffering from a confusional state, a reversible condition merely symptomatic of an underlying illness. Confusional states can show all the cognitive defects of a dementia, even when due to minor physical conditions such as retention of urine or due to a depressive illness.

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Ink caps and mushrooms

SIR,—I was interested to read the short report, "Cardiac arrhythmia after mushroom ingestion," by Drs M J Caley and R A Clark (24-31 December, p 1633). The effect of eating smooth ink-caps, *Coprinus atramentarius*, in combination with alcoholic drink was mentioned by Ramsbottom in his book on fungi.¹ He wrote "... the face, and sometimes the neck, arms and other parts of the body become purplish red, and this may recur in a lesser degree at the next meal if alcohol be again drunk." The smooth ink-cap grows in relation to buried wood and must not be confused with the commoner shaggy ink-cap, *Coprinus comatus*. The latter grow readily on newly grassed areas such as road verges or recently prepared sports grounds. They are edible, tasty, and do not react with alcohol after ingestion. In their paper Drs Caley and Clark refer to "mushroom poisoning." But surely the term "mushroom" refers either to the field mushroom, *Agaricus campestris* or the cultivated mushroom, *Agaricus bisporis*. Smooth and shaggy ink-caps are both edible fungi but, please, they are not mushrooms, though they are almost as delicious as field mushrooms, even without alcohol.

A P RADFORD

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¹ Ramsbottom, John, *Mushrooms and Toadstools*, p 55, London, Collins, 1953.

The Steve Biko inquest

SIR,—Most readers will have been horrified by reports of the inquest on Steve Biko, the black South African leader who died in police custody. Three senior medical practitioners gave evidence during the inquest that can only be regarded as unsatisfactory. They admitted that they thought the patient was malingering despite the presence of a hemiparesis and an extensor plantar response. Dr Ivor Lang later admitted that he wrote out a "highly incorrect" medical certificate at the request of Colonel Goosen of the security police. It is quite clear that all three doctors allowed their professional concern for the patient to be overruled by the wishes of the security police.

On several occasions in the past the BMA has praised the South African Medical Association for its stand against the grosser iniquities of apartheid, at least as it has affected medical education and practice. As a member of the BMA I would feel this confidence to be justified only when I see criticism by the SAMA of the doctors responsible for the maltreatment of the dying Biko. I hope the BMA will exert every possible pressure on the SAMA to ensure that steps are taken to indict these unprofessional actions and to protect the ethical integrity of our profession.

R HOFFENBERG

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Distinction awards

SIR,—Dr H Jacobs's courageous letter on so-called distinction awards (17 December, p 1607) deserves support as the serious economic consequences of the system are not widely appreciated. The major result is that the advancement of a consultant no longer depends, as it should, on the demand for his services from patients and general practitioners but upon an internal system of secret patronage. The awards once made are irreversible regardless of further clinical activity or its lack, and so an inbred group is created within the profession, indifferent to the reversed differentials which have been so curiously tolerated over the last decade and actively hostile to the introduction of work-sensitive contracts. Furthermore, this group is invested with power over colleagues, as award-holders man the nomination committees. The system is thus a potent device for maintaining the low salary structure and this may well have been behind past attempts to impose the awards on general practitioners.

It seems that the payments are also used for purposes for which they could never have been intended, such as boosting the inadequate pensions of some consultants and creating differentials for senior academics, often with tenuous clinical connections, whose remuneration should rightly rest with the employing university.

Most serious of all, the system is destructive of financial resources. Almost £19m is involved, which if spread over all 14 000 consultants would yield an immediate annual increase of £1300. Even A+ holders would have relatively little to lose and that only temporarily, as although real salaries after tax are hard to compute, depending as they do on allowable expenses, the present real salary range between consultants on maximum salary and A+ holders is probably now about

£8000-£12 000. Clearly the main beneficiary of the existing system is the Inland Revenue.

A redistribution of this nature would reduce overall tax liability and represent an immediate bonus to the profession of at least £2m in its collective pocket. The way would then be open to restructure differentials on healthy and open professional principles.

J F GOULD

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Shadow over Maltese medicine

SIR,—I totally disagree with Mr Joseph Zarb Adami's extremely biased view on the present turmoil in Malta (17 December, p 1604).

I must point out the fact that after his five years in power Mr Mintoff managed to gain less than 51% of votes in the last general election. Nevertheless, the small majority his party has in the Maltese Parliament enables him to pass as laws what he had in mind the night before. Nobody is condemning the rigidity of the laws passed. What the medical profession is condemning is the oppressive and blackmailing intention of the laws introduced since May 1977. Despite its limited resources the Medical Association of Malta has tried its best to help the badly hit medical students. There are a few blackleg students who have been manoeuvring against their colleagues and the medical profession. They did not have the face to ask for help.

Mintoff is in power. He has hundreds of armed police at his disposal. He has the media in his hand which have been slandering the respected professors and doctors by name. He has been using the advantages of parliamentary immunity to make irresponsible statements against the medical profession and students. (He declared in Parliament that the majority of the final-year students had failed in the Conjoint examination in October—in fact, the reverse was the case.) In spite of repeated blackmailing, the punitive laws, and the sacking of all those who refuse to submit, the Maltese medical profession remains firm in upholding truth, deserving the George Cross as well.

For those who would like to judge for themselves the notorious intention of those laws I would gladly supply on request copies of the legislation passed in Malta. I am sure that the abolition of these laws will pave the way to an honourable solution of the issue.

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SIR,—Mr Joseph Zarb Adami's letter (17 December, p 1604) surpasses Mr Toni Pellegrini's (12 November, p 1285) in confusing fact and fanaticism.

I see that Mr Zarb Adami has not stated in his letter that he is sitting for the Conjoint examination, let alone that in preparation for this he has been attending an elective period at an English hospital, presumably manned by BMA members. I would like to ask Mr Zarb Adami why he is sitting for this above examination, given that (a) the Maltese medical school reopened in early October last, and (b) recognition of medical qualifications has been suspended bilaterally by Malta and Britain. I expect Mr Zarb Adami to secure himself a preregistration post in this country as his "socialist" colleagues have done already.