suction without being able to see the pressures generated. When asked to 'suck out vigorously' the maximum pressure achieved ranged between 84 and >250 cm H₂O, median 147 cm H₂O. Each individual was able to sustain his or her *maximum* pressure for approximately five seconds in the closed system, which allowed no gas flow once peak pressures were achieved.

Each individual was informed of his maximum and then asked to suck at a pressure of 20 cm H₂O, still blind to the manometer readings. The pressures generated ranged between 27 and 107 cm H₂O, median 43.5 cm H₂O. Participants then practised sucking out to 20 cm H₂O while watching the manometer before repeating the suction blind. They achieved pressures ranging from 9 to 52 cm H₂O, median 18 cm H₂O. None could maintain a constant pressure for more than two seconds in this situation.

We therefore conclude that endotracheal suction through a mucus extractor is inadvisable. Without a gauge certain individuals generated very high negative pressures when sucking vigorously. These high pressures could result in atelectasis and profound circulatory disturbances. At lower pressures, the variation in suction from second to second rendered suction inefficient and could lead to inadequate maintenance of the airway.

References

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Haemophilus influenzae type b meningitis resistant to ampicillin and chloramphenicol

Sir,

Guiscafré *et al* report two cases of meningitis due to *Haemophilus influenzae* type b resistant to ampicillin and chloramphenicol.¹ They comment on the recent emergence of such strains and recommend that third generation cephalosporins such as cefotaxime or latamoxef should be considered the drugs of choice in the treatment of such cases.

We have reported² a 3 month old infant with *H. influenzae* type b meningitis and ventriculitis who failed to respond to high dosage of chloramphenicol, ampicillin, and latamoxef in succession but whose infection resolved promptly with the addition of rifampicin. We consider that rifampicin should be one of the drugs of choice in haemophilus meningitis not responding to chloramphenicol and ampicillin, as resistance is rare and speed essential.

References

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- ² Lewis MA, Priestley BL. Rifampicin in persistent haemophilus influenzae type b meningitis. *Br Med J* 1986;292:448-9.

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