

- 14 Moore JB, McKeating JA, Weiss RA, Satentau QJ. Dissociation of gp120 from HIV-1 virions induced by soluble CD4. *Science* 1990;250:1139-42.
- 15 Potts BJ. "Mini" reverse transcriptase assay. In: Aldovini A, Walker BD, eds. *Techniques in HIV research*. New York: Stockton Press, 1990: 103-6.
- 16 Plata F, Dadaglio G, Chenciner N, Hoffenbach A, Wain-Hobson S, Michel F, et al. Cytotoxic T lymphocytes in HIV induced disease: implications for therapy and vaccination. *Immunodef Rev* 1989;1:227-46.
- 17 Autran B, Mayaud CM, Raphael M, Plata F, Denis M, Bourguin A, et al. Evidence for cytotoxic T lymphocyte alveolitis in human immunodeficiency virus-infected patients. *AIDS* 1988;2:179-83.
- 18 Suffredini AF, Ognibene FP, Lack EE, Simmons JT, Brenner M, Gill VJ, et al. Non-specific pneumonitis: a common cause of pulmonary disease in the acquired immunodeficiency syndrome. *Ann Intern Med* 1988;107:7-13.
- 19 Ognibene FP, Masur H, Rogers P, Travis WD, Suffredini AF, Feverstein I, et al. Non-specific interstitial pneumonitis without evidence of *Pneumocystis carinii* in asymptomatic patients infected with human immunodeficiency virus (HIV). *Ann Intern Med* 1988;109:874-9.
- 20 Itescu S, Brancato LJ, Buxbaum J, Gregersen PK, Rizzo CC, Croxson TS, et al. A diffuse infiltrative CD8 lymphocytosis syndrome in human immunodeficiency virus (HIV) infection: a host immune response associated with HLA-DR5. *Ann Intern Med* 1990;112:3-10.

Adventitia

To Egypt—with my defibrillator

Prologue

A wealthy Sheikh decides to invest in a major building project in his native city but, instead of using his own money, wishes to secure a large loan from a major Arab bank. He hires, as his agent and contact man, a shrewd wealthy Arab businessman whom we shall call X.

In May 1977 X was admitted to our Coronary Care Unit with an inferior myocardial infarct (Day 1). Within 30 minutes he had a cardiac arrest due to ventricular fibrillation from which he was promptly and successfully resuscitated by my junior staff. His subsequent medical progress was uneventful, but I was then informed that he was returning to Cairo by Day 11 in order to conclude a £20 million business deal. My initial reaction was to say "no chance", until told that the patient would be accompanied by his personal medical attendant who would take full responsibility for his management. Suitable arrangements would be made for boarding and reception at the other end and, of course, the flight would be first class. Much to their chagrin, I informed my junior staff that this was a job for men not boys; I assembled a bag containing the wherewithal for intubation, various drugs, and a small portable, battery operated, defibrillator. On Day 9 we were ready to depart.

The scene changes to the exotic surroundings of a plush hotel near Heathrow. A meeting had been arranged with the other UK based partners of which I only learned on the way to London and tried to dissuade him from attending. My worst fears were then realised. Far from being amicable, the meeting became increasingly acrimonious over the amount of commission to be paid to each participant. No agreement could be reached and I became concerned about the effects of catecholamine release on my patient's (and my own) myocardium. The main participants were eventually separated by a lawyer and we retired to eat and rest. The following morning

we departed for Cairo—an uneventful but truly luxurious flight—and arrived to a hero's welcome. My patient was engulfed by various members of his large family and greeted effusively. We then embarked in a fleet of limousines for the centre of Cairo—a hair-raising and high speed experience which anyone familiar with travelling in that city will know. With immense relief I delivered him safe, sound and asymptomatic to the Cardiac Institute and his local cardiologist.

This should have been the end of the story but X was keen for me to stay on for a time and I accompanied him the next day (Day 11) to a major bank where he had to negotiate exhaustively, but eventually successfully with the manager over the massive loan. A pleasant interlude sightseeing was followed by an emergency call in the early hours of the morning to a nursing home where he was now in mild left ventricular failure; I administered morphine intramuscularly and frusemide intravenously and he recovered. He was then well enough to insist that I visited some of the marvels of ancient Thebes, and I spent an unforgettable two days visiting the Temples of Karnak and the valleys and tombs of the Kings and Queens, flying home on Day 17.

It was perhaps the strange combination of medical hazard and a glimpse into the turbulent world of high finance which made this trip seem more like a month than the actual week it spanned. On my return colleagues were singularly unimpressed by my trip to Cairo; they thought I had been visiting Caerau, a small mining village near Bridgend.

Epilogue

Sadly the building project was never completed. X continued to smoke heavily and to work 12 hours a day. Some years later he had a coronary artery bypass grafting performed in London. We keep in touch, indeed he was in London only recently with a sick grandchild. He is well.

GUY CHAPPEL