

of the ordinary man. Fifty years ago such fulfilment was regarded as a pious hope, impracticable of realization. To-day it is seen to be the necessary condition of any would-be stable society. Mr. Tester is really stating this same principle in his letter.—I am, etc.,

London, N.W.3.

A. F. MOHUN.

** This correspondence is now closed.—ED., *B.M.J.*

The G.P. and E.C.T.

SIR,—My attempt (October 29, 1949, p. 984) to elicit the views of my fellow G.P.s anent the long-term values of E.C.T. appears to have been a nearly complete failure—which is a pity, as the subject seems to have been of some importance, and letters have reached me from the United States and from South Africa. In the main the letters from psychiatrists have shown what we already know, that many of them take a most optimistic view of the beneficial effects of this hazardous and unpleasant form of treatment.

Dr. Feldmesser's letter (December 10, 1949, p. 1356) indicates the frame of mind which I find disquieting. He appears to argue that because cases have not been sent back to him, therefore he has cured them. This begs the whole question. In my experience one cannot persuade patients to return to any centre for further treatment. Perhaps I have been unlucky. Dr. Feldmesser can be certain that I am only if he sends a follow-up questionnaire to all doctors whose patients he has treated up to twelve months ago.

• I continue to believe that useful opinion on this difficult question can be based only on the sort of data that G.P.s could give.—I am, etc.,

Launceston, Cornwall.

DONALD M. O'CONNOR.

** This correspondence is now closed.—ED., *B.M.J.*

D.P.H. (London), 1929–39

SIR,—We are most anxious to get into touch with all old students of the London School of Hygiene and Tropical Medicine who attended the D.P.H. classes between 1929 and 1939. We have already sent a letter to those whose addresses we could find, but there are many that we have been unable to trace. We should be most grateful if all old students, whether they are at home or abroad, who took the D.P.H. courses between 1929 and 1939 and who have not yet received our letter would write to Dr. Windle Taylor, 51, Woodside Avenue, London, N.10, giving their addresses.—We are, etc.,

A. H. GALE.	E. WINDLE TAYLOR.
G. E. GODBER.	ANN MOWER WHITE.
E. PEREIRA.	S. L. WRIGHT.
T. STANDRING.	

Princess Tsahai Memorial Hospital

SIR,—I shall be grateful if you will allow me to appeal to the generosity of your readers for donations to buy the surgical instruments required to complete the equipment of the main operation theatre of the Princess Tsahai Memorial Hospital in Addis Ababa. The sum required for this purpose is £3,500; it would carry the hospital a substantial stage further towards the opening, which it is now hoped will take place at an early date.

Dr. Neville Goodman, late director of field services of the World Health Organization, in a letter to the *Lancet* (December 31, 1949, p. 1243) has testified to the urgent need of the Princess Tsahai Memorial Hospital for the treatment of patients, and particularly as a training centre for nurses, which forms an essential part of the object for which the memorial hospital has been established. The systematic training of fully qualified hospital nurses has still to be initiated in Ethiopia. By praiseworthy efforts during the years which have elapsed since the country was liberated with British aid in 1941 the Ethiopian education department has prepared a number of young people for hospital training. Funds for this are in sight, once the hospital is open.

There can be few objects more worthy of aid from a country like ours, so well supplied with medical and nursing services, than help to a country which has suffered sorely under aggression and has the most rudimentary health service. This effort to aid Ethiopia and to keep green the memory of the young Princess who in her five years of exile here devoted herself to the nursing and tender care of British patients, will be received in her country with great gratitude and will redound to the honourable record of this country. Cheques and postal orders, which will be very gratefully acknowledged by the Honorary Treasurers, Lord Horder and Lord Amulree, should be drawn in favour of the Princess Tsahai Memorial Hospital and addressed to the Hon. Treasurers, c/o Messrs. Gould and Prideaux, the Hon. Chartered Accountants, 88, Bishopsgate, London, E.C.2.—I am, etc.,

WINSTER,
Chairman,
Princess Tsahai Memorial Hospital

POINTS FROM LETTERS

Unhealthy Offices

Dr. GEORGE DE SWIET (London, W.10) writes: I have reason to suspect that a number of commercial establishments do not provide their office staffs with reasonably comfortable accommodation. . . . and the object of my letter is to find out what we can do about the indifference of those responsible for such administration and hygienic lapses. Is it the duty of the M.O.H. or of the factory inspector to investigate and to correct the faulty state of affairs? For it can only be someone endowed both with power and independence who might intervene with any hope of real success. The firm's own medical advisers (where there are any) could hardly be expected to be so quixotic. The employee's own doctor can only act incognito, otherwise the identity of the complainant would have to be divulged, thus creating an embarrassing situation resulting possibly in dismissal or forced resignation. That the present policy (where in operation) is short-sighted would appear obvious to anyone except those who suffer by it most—namely, the business firms concerned, whose staffs are frequently depleted through interminable colds, headaches, etc. But my appeal is not so much concerned with business efficiency as with the state of the nation's health, which, though we are told it was never better, still leaves something to be desired. We as a profession must fight not only for better home conditions for our patients but also for better working conditions for them to a much greater degree than heretofore.

The Ageing Population

Dr. D. S. BRYAN-BROWN (London, N.16) writes: When the registrar sent for my last death-certificate book I looked through the counterfoils. There were 32 in all from 1944, and, like Dr. J. Finlay Alexander (January 28, p. 252), I found the ages of decease very striking. Doubtless they are statistically of no significance, but they may be of human interest. The practice is largely in the Metropolitan Boroughs of Hackney and Stoke Newington and is middle and working class. None of the 32 patients whose deaths are recorded was under the age of 65. The oldest was 96, and the average age at death was 79.75 years. These patients have died at home or in nursing-homes, and do not include deaths in hospital.

Measles and Bronchopneumonia

Dr. J. F. B. HILL (London, E.10) writes: The recent very cold weather, starting as it did during an outbreak of measles, rendered the development of bronchopneumonia more likely than is usually the case. Working in general practice, I have found it advisable to give prophylactic sulphonamides to all cases of measles with an increased respiration rate or a bad cough. Judging by the quick improvement in symptoms, I am sure that I have prevented at least a few cases of bronchopneumonia.

Chilblains

Dr. A. N. MELVIN (Burley-in-Wharfedale, Yorkshire) writes: During November I developed chilblains on both ears. I could not refrain from rubbing them in the evenings and developed "broken chilblains" despite the fact that I took vitamin D and nicotinic acid. I went to Switzerland for two weeks in late December when the temperature was below freezing all the time. The chilblains cleared up in five days.

Failed Forceps

Dr. MABEL F. POTTER (Bristol) writes: In answer to Dr. Austin H. Holmes (December 31, 1949, p. 1528) a short article by me on persistent occipito-posterior cases was published in the *Medical Press and Circular* (1945, 213, 237).