At Langdon there are 19 patients with an I.Q. of over 80, and obviously their social failure is not due to their intellectual retardation but rather to the inadequacy or abnormality of their personalities. It is therefore surprising to find that only 9 of this 19 are included in the 28 psychopaths, the remaining 10 being mild psychotics and social incompetents.

The following conclusions may be drawn from this study: (1) As by present standards only 28 defectives out of the total population of 525 could be diagnosed as psychopaths, it would have been clinically indefensible to label, as the Royal Commission proposed, the whole 314 as belonging to that grade. (2) The psychopaths with I.Q.s of over 80 could perhaps be treated with other psychopaths of average intelligence. (3) The 19 remaining psychopaths with the additional handicap of subnormal intelligence would, however, be unsuitably placed with those of normal intellectual power. When they present too difficult a problem for the ordinary colony, a few can be transferred for care to the State Institutions, the average number sent there from Langdon being two per annum.—I am, etc.,

Royal Western Counties Hospital, Starcross, Devon. D. PRENTICE.

REFERENCE

1 Cmnd. 169, 1957. H.M.S.O., London.

Early Diagnosis of Mental Defect

SIR,—May I suggest that one strong reason for deciding about a child's mental defect before the age of 5 (*Journal*, January 3, p. 50) is to enable the defective to benefit from the facilities provided by the local authority mental health department? Until a child is formally ascertained the health department will not pay for it to go to one of the short-stay homes, which are so valuable in preventing family breakdowns, and unless some private fund can be tapped the family is denied this relief. An arbitrary refusal to ascertain any child until it is 5 would cause much unnecessary hardship. —I am, etc.,

Royal Manchester Children's Hospital, Manchester, 3. B. M. HUNTER, Almoner.

Surplus Beds and Nurses

SIR,—The progress of two men who underwent operation for inguinal hernia, and the observations of one of them, would seem to have much to teach.

(1.)—An active clerk in holy orders, aged 90, attended out-patients asking if he was too old for operation on his troublesome scrotal hernia and said he had been told 30 years before by a distinguished surgeon that he was then too old for operation. Under general anaesthesia (Dr. Gwendoline Harrison) radical repair of the hernia, including orchidectomy on the same side, was carried out. On the second post-operative day, when kneeling in the hospital chapel, he fell, but this upset was temporary and he was discharged home on the eighth post-operative day. On the twenty-first post-operative day he was seen in an office five miles (8 km.) from his home, which he had reached using public transport.

(2.)—A family doctor, aged 64, underwent a similar anaesthetic and surgical experience. He refused any post-operative sedatives, slept well, and at no time after operation had he as much pain as he had experienced when wearing a truss. He surprised the nurse who entered his room in the early morning 12 hours after operation, for she found him standing shaving at the basin (he shaves wet); he dressed and sat up until afternoon. On the second post-operative day he anticipated by some hours a blanket bath by getting into the ordinary bath unaided and by washing in the standing position, largely keeping the wound dry; he helped to make the bed with the nurses. Later this day he was pushed in a chair by a porter (described by the doctor as elderly) to the physiotherapy department for diathermy, which the doctor fancied for his shoulder. The doctor was so alarmed when the chair nearly ran away down an incline that he walked back from the department to his room, disdaining the lift. Here a welcome visitor awaited him. He opened a demi-bottle of champagne and afterwards enjoyed his food, which up to then he had found distasteful. It was agreed that he might go home to lunch on the third post-operative day; he summoned his sports car this day, drove home, and did not return. His wife, who had not had any special training as a nurse, removed the Michel clips under his guidance on the fifth post-operative day. On the 15th post-operative day he found his prowess unimpaired, and on the 20th post-operative day danced all evening at the hospital ball. He started full work on the 24th post-operative day.

The doctor, probably prompted by a letter he had received a few days before admission from his daughter, who is a nurse and who had described the difficulty in finding something to do on her ward—there being eight patients and five nurses on her stint (she was nursing in one of those hospitals where it costs nearly £40 per week per bed)—kept a detailed account of all the personnel who attended him except for the two hours he cannot remember. Would that space might allow reproduction of his minute-by-minute record! He has nothing but praise and gratitude for the nursing care, and his most helpful constructive comments may be summarized as follows:

Active resistance is necessary to prevent being given sedatives, especially post-operatively; he found them unnecessary and believes that their use does much to make a patient ill after a simple operation.

The general acceptance that a patient ought to be ill after operation is wrong and makes many patients think they are.

The majority of patients can look after themselves as far as feeding, washing, and toilet is concerned very early after an operation.

Over-anxiety leads to nurses visiting a patient repeatedly, and simple duties being shared between many hands—e.g., one nurse brings the tray, another the porridge, and yet another the egg; one nurse straightens the bed and then a few minutes later two come along and make it; an orderly dusts half the room and away she goes, a nurse does the other half, and so on.

Here, then, are two men, perhaps exceptional characters, who needed no special attention after operation for hernia. They could look after themselves, except for dressing of the wound on the fifth post-operative day, from the day after operation. The clergyman of 90 years left hospital on the eighth post-operative day and the doctor on the third post-operative day. It would be reasonable for average patients after operation for hernia and the like to be sent home, if the wound is normal, within the week, so reducing waiting-lists and the clamour for more hospital beds. More important perhaps is the appreciation that within a few hours of an operation sensible patients can look after themselves, requiring special care only for a very small part of their stay in hospital. If general hospitals were organized so that highly skilled staff looked after the 30% or so of patients requiring technical skill for a few hours or days in a special ward until their transfer to wards carrying less staff for simple attention, the perennial plea for more nurses would cease. More patients would return home well and earlier. Time