recommend glutethimide as an alternative to barbiturates. Indeed, a strong case could be made for dispensing with it completely.

What of the other hypnotics in overdosage? Ethchlorvynol is no better—it can produce deep and particularly protracted coma; chloral hydrate and its derivatives and methaqualone (with or without diphenhydramine) are also unsafe. Safety in overdosage might appear to be an unreasonable attribute to expect of any effective hypnotic, but does seem to be the case with nitrazepam. Individuals can ingest as many as 60 to 70 tablets without becoming more than drowsy, yet a 10 mg dose is superior to a placebo in providing sleep and, more importantly, as effective as 200 mg butobarbitone.[11] There has been argument whether nitrazepam overdosage has ever resulted in death,[12 13] but, given that it has done so, the frequency with which this occurs is minute compared with the rates associated with barbiturates and glutethimide. Whether the same will be true of more recent benzodiazepine hypnotics remains to be seen.

The message is not a new one and by now should be clear to all: if doctors must prescribe hypnotics they should think twice before prescribing anything other than nitrazepam.

[1] *British Medical Journal*, 1975, **3**, 725.
[2] *Lancet*, 1975, **2**, 441.
[3] Matthew, H, Roscoe, P, and Wright, N, *Practitioner*, 1972, **208**, 254.
[4] Holland, J, *et al*, *New York State Journal of Medicine*, 1975, **75**, 2343.
[5] Jorgensen, E O, and Jensen, V B, *Danish Medical Bulletin*, 1975, **22**, 263.
[6] Arieff, A I, and Friedman, E A, *American Journal of The Medical Sciences*, 1973, **266**, 405.
[7] Wright, N, and Roscoe, P, *Journal of The American Medical Association*, 1970, **214**, 1704.
[8] Chazan, J A, and Garella, S, *Archives of Internal Medicine*, 1971, **128**, 215.
[9] Maher, J F, Schreiner, G E, and Westervelt, F B, *American Journal of Medicine*, 1962, **33**, 70.
[10] Hansen, A R, *et al*, *New England Journal of Medicine*, 1975, **292**, 250.
[11] Matthew, H, *et al*, *British Medical Journal*, 1969, **3**, 23.
[12] Barraclough, B M, *Lancet*, 1974, **1**, 57.
[13] Matthew, H, *Lancet*, 1974, **1**, 224.

Reacting to autistic children

The one pathognomonic sign of childhood autism is the sustained absence of contact with other people. This shows itself in the characteristic unresponsiveness; the fleeting eye-to-eye contact; the apparent failure of attentive, comprehending listening; the stilted quality of speech; and the absence of emotional resonance. The "alone-ness" originally described by Kanner[1] has never been fully explained, though difficulty in comprehending language seems to be important. This barrier to communication frustrates parents, therapists, and teachers—as well as other children.

In trying to establish contact with the autistic child it seems only reasonable to intensify one's approach by physical contact, by heightened vocal tone, by exaggerated gesture, and, indeed, many texts have specifically advised parents and others to do so. Recently, however, in a preliminary experimental study Richer and Richards[2] reported evidence suggesting that "less avoidance is provoked if adults are less reactive to autistic children . . ." and they concluded that adults should be relatively unreactive. This directly contradicts the approach of some behaviour therapists, such as Kassorla,[3] who work on the assumption that praise acts by positive reinforcement. In the experiment described the most encouraging response was obtained when the adult looked at the child, and when the child looked back the adult continued looking without change of expression or other gesture. This is perhaps not so surprising when we recall that Kanner's descriptive triad, besides referring to autistic withdrawal and abnormal development of speech, also referred to "an obsessional desire for sameness." A possible common denominator in the repetitive play with wheels, tops, and mechanical objects, the rote memory for jingles, the body-rocking, the precise arranging—all of which are characteristic of many autistic children—is the absolute predictability of all these activities. Perhaps this repetition is a striving for perceptual monotony, and other people are avoided because they are unpredictable.

As many investigators have come to realise it is unlikely that "autism" is a homogeneous entity. Of the eight children studied by Richer and Richards all were severely retarded, and nearly all were mute. It is not clear whether they were all residents in institutions. Nevertheless, the suggestion that over-responsiveness in others increases avoidance in autistic children is of potential importance in education and therapy and merits further study.

[1] Kanner, L, *Nervous Child*, 1943, **2**, 217.
[2] Richer, J, and Richards, B, *British Journal of Psychiatry*, 1975, **127**, 526.
[3] Kassorla, I, *Horizon*, BBC2, 24 October 1968.

Priorities and morale in the NHS

When the DHSS published its consultative document[1] on health priorities in March we argued that it should be rejected as a policy of despair.[2] Nothing that has been said or written since then has seriously challenged that assessment, and indeed at an informal *BMJ* conference organised to examine the document these criticisms were amplified and reinforced (see report p 1447).

The Government is concerned to halt the growth in public expenditure and it must, therefore, keep the total expenditure on the NHS more or less constant in the next few years. As a policy decision the DHSS has decided to allow for a small (1·8%) annual rise in current expenditure and it has found the money to do so by cutting back on hospital building. It has also decided to spend more on general practice, community services, the old, and the mentally ill, and proposes finding the necessary money by reducing expenditure on the maternity services and restricting growth in the other acute specialties.

Certainly there are fewer births each year now than five years ago (though the numbers are expected to rise again in the early 1980s); and no doubt, too, the proportion of the elderly in the population will continue to increase. But these demographic changes are not the sole basis for the priorities chosen by the DHSS: there is a strong impression that the acute hospital services have been singled out for attack simply because they are the big spenders. Hospitals take the lion's share of NHS expenditure, and there seems to be an assumption that there must be some extravagances that could be curtailed.

In fact, the opposite is the case. The last decade has seen a rapid expansion of the social services, much more spending on community medicine and primary care, and an enormous bonanza of new offices and extra staff for the administrative departments. Money has been channelled in these directions,