many patients are being discharged to the community to lead a healthier and happier life. Geriatrics has already been established as a separate specialty. The skills accumulated by doctors, nurses, and remedial staff over the past 25 years are extremely valuable not only to provide a high standard of care to the patients in the geriatric wards but also to enable many people to remain in their own homes.

On many occasions elderly patients have told me that if admission to hospital is required for treatment they would prefer a geriatric ward as they find the staff in the general wards are too busy with the younger patients, the pace being faster, and they have little time and skill to deal with the special problems of the elderly. Recently I was asked by a doctor to see his father at home (the patient is in his eighties and the doctor is also his general practitioner) to advise him regarding management. The patient had multiple pathology including Parkinsonism and had difficulty in walking, incontinence, etc. After a short period of rehabilitation in the geriatric ward the patient made very good progress and at present he is enjoying an independent and active life in the community. If Dr Hurly would make an effort to visit an active geriatric unit anywhere in the country and would observe what is being done there for these patients, I am sure her impression would change, which is bound to benefit her elderly patients.

N K CHAKRAVORTY

St Luke's Hospital,
Huddersfield

SIR,—As a general practitioner in Hull for many years my experience is quite different from that of Dr Kathleen Hurly (7 August, p 371). A number of my patients who have dreaded admission to hospital have returned from one of our local geriatric units full of praise for the care and treatment given and the happy atmosphere of the ward. My own father was a patient in such a unit for 10 weeks and I cannot speak too highly of the teamwork of the consultant and all the staff. He was treated the same as the other patients, all of whom in my opinion greatly benefited by being looked after by medical and nursing staff used to the care of elderly patients, which cannot be the case on a general ward.

Perhaps we are unusually fortunate here on Humberside, but I personally feel that excellent geriatric units such as we have here are the only satisfactory answer to the increasing problem of the elderly sick.

GERALD P OXBORROW

Hull

New look at malaria

SIR,—I wish to refer to Dr S L Henderson Smith's letter (5 June, p 1402), in which he questions the humanity of WHO in campaigning to eradicate malaria in African countries instead of concentrating on family planning.

In support of Dr Helen Kingston's statement (26 June, p 1593) that family planning work is being undertaken in African countries by several organisations and individuals I would direct attention to the pamphlet *Family Planning in Five Continents* issued by the International Planned Parenthood Federation in November 1975, in which it is shown that increasing numbers of governments of countries in Africa are making contributions to unilateral programmes of the United Nations funds for population activities and are members of the IPPF.

With reference to the population increase a recent article in the *WHO Chronicle*[1] entitled "The epidemiology of infertility," based on the report of a WHO scientific group, states that "so much public attention has been directed in recent years to the problem of rapidly increasing populations in many of the developing countries (the so-called population explosion) that few people are aware of the existence of the opposite problem in others: a relatively static or actually declining population. . . . In parts of Gabon, Cameroon, the Central African Republic, and Zaïre the proportion of women 50 years of age and older who have never borne children ranges from 20% to 40%. Among younger women even higher percentages have been noted. A similar situation has been reported from East Africa, the Sudan, and elsewhere in the continent."

As the IPPF report shows, Africa has the lowest life expectancy of all continents (47·3 years compared with an overall figure of 55·2 years), while the birth rate is 2·6% compared with the overall rate of 1·9%.

Another article in the *WHO Chronicle*[2] on the impact of malaria on economic development gives some of the findings of a 22-month study in Paraguay sponsored by the Pan American Health Organisation. I wish to mention two salient ones—namely: (1) that health factors can diminish or negate the good effect of measures taken to improve economic opportunity; and (2) that diseases such as malaria may affect the labour force by incapacitating the individual worker or by reducing his efficiency when he is able to work. In addition to the foregoing I would reiterate the statement in your leading article (1 May, p 1050) that the disappearance of malaria "will not only help endemic areas but will solve the malaria export-import problem, which at the moment menaces the rest of the world." Dr Henderson Smith's new look is myopic.

A F TUBOKU-METZGER

Mitcham,
Surrey

[1] *WHO Chronicle*, 1976, **30**, 229.
[2] *WHO Chronicle*, 1976, **30**, 223.

Alcoholism: wet hostels

SIR,—At a recent meeting of many disciplines dealing with alcoholism the notion of wet hostels for alcoholics was considered. These hostels, in some countries, provide shelter, food, and alcohol until the person dies, which one could construe as encouraging the alcoholic to die as quickly as possible.

As a result of this I devised a questionnaire which was circulated to 80 doctors in the north-east of England. Thirty-one replied to the questionnaire. It was interesting to note that 11 out of the 31 doctors who replied thought that to provide alcoholics with easily available alcohol and shelter was an appropriate solution, while the remainder rejected this. It is also interesting to note that 10 doctors wished that, in the event of themselves becoming alcoholic, they themselves would be provided with alcohol and shelter.

I personally am alarmed that so many doctors seemed to have such a hopeless view of alcoholism and, furthermore, fear that it reflects a change in the caring, benevolent attitude that is meant to accompany medical endeavour. I feel this result is not only a harbinger of uncaring solutions to social problems but also reflects demoralisation in the medical profession.

Those who wish for a more detailed copy of the results are welcome to contact me.

A FREED

Parkwood House Alcohol and
Drug Addiction Unit,
St Nicholas Hospital,
Gosforth,
Newcastle upon Tyne

Sedatives for alcoholics

SIR,—I am becoming increasingly concerned about the way that the sedative drug chlormethiazole edisylate (Heminevrin) is being used by general practitioners in the management of alcoholism. I fairly frequently come across patients who are being prescribed Heminevrin three times a day as "medical treatment" for alcohol problems. My own personal view is that it is undesirable for people with alcoholism to substitute the use of another central nervous system sedative for alcohol, and my experience has been that this really does nothing to advance solution of the many problems which arise in connection with alcoholism.

My experience with inpatients in the setting of a small special unit for alcoholics is that Heminevrin can be extremely useful during the period when a withdrawal syndrome is likely to occur, but that it can be reduced and stopped within about 10 days normally. It is also my experience in this setting that sedative drugs such as hypnotics are quite unnecessary and tend to perpetuate the alcoholic's continued demand for substitute drug therapy. To me a demand of this nature indicates that the treatment programme is being unsuccessful and that the patient is failing to accept the situation which he has to deal with.

I would like to draw attention to the problems likely to be produced by the prescription of drugs other than alcohol to alcoholics, which in effect sets the seal of medical approval on a drug-taking behaviour. The main effect of this in my view is to allow the alcoholic to escape the realities of his situation for a time, but it does nothing to provide a stable recovery.

A R FOSTER

Exe Vale Hospital,
Exeter

Seizures and metolazone

SIR,—In the short report of muscle cramps, collapse, and seizures in two patients taking metolazone by Dr M X Fitzgerald and Dr N J Brennan (5 June, p 1381), the symptoms are attributed to a serious adverse reaction to metolazone. In particular, the symptoms in the second case were tentatively ascribed to hypomagnesaemia.

A review of the standard texts on the subject of hypomagnesaemia inclines to the opinion that this condition occurs after prolonged parenteral feeding, malabsorption, alcoholism,