produce heart block, and so far iprindole has not been recorded among those that have this effect. There is no such thing as a perfectly safe drug. Why, therefore, discard one which on the bulk of evidence has fewer side effects than most?—I am, etc.,

KATHLEEN P. MURPHY.

All Saints' Hospital,
Birmingham 18.

REFERENCES

1 Imlah, N. W., Murphy, K. P., and Mellon, C. S., *Clinical Trials Journal*, 1968, **5**, 927.
2 Morgan, D. H., *British Journal of Psychiatry*, 1969, **115**, 105.

SIR,—It is distressing to note the report of four cases of hepatitis following the use of iprindole by Drs. D. F. Harrison and I. M. Stanley (7 November, p. 368). In each case all symptoms rapidly subsided within a few days of withdrawal of the drug. Unfortunately, no mention is made in this report of the dosage of iprindole used or the total number of patients who had received it. In a group of 12 patients (25 January, 1969, p. 254) side effects were observed in one case only and consisted of increased agitation, nausea, and weakness in the legs.

In a further double-blind study (to be published) of 45 patients with depression, 15 were given iprindole over a period of four weeks. In the two cases of side effects reported, one patient complained of nausea and vertigo and the other of vague chest pains. In each case the symptoms subsided on withdrawal of the drug.

Furthermore, the statement that little or no adverse reactions occur in alternative tricyclic drugs would suggest that insufficient study has been made of the literature. Thus, although one should be cognizant of the possibility of the occurrence of drug-induced hepatitis, the relative lack of side effects noted by myself and other workers in the experience of hundreds of cases would confirm the value of iprindole over other tricyclic antidepressants.—I am, etc.,

DAVID WAXMAN.

London W.1.

Intracath Infusion Hazard

SIR,—During the past month the Northern Regional Office of the Medical Protection Society has been advised of two accidents following the use of Intracath intravenous infusion sets. In each case a piece of cannula has been sheared off by the bevel of the needle through which it ran. This could occur only if at any time the position of the cannula were adjusted independently of the needle, and this possible hazard is clearly referred to in the printed instructions accompanying each set. Nevertheless, this potential hazard is present every time this particular set is used, and the Society advises that careful consideration be given both to the use of an alternatively designed set where appropriate, particularly where the apparatus may be supervised by someone other than the doctor who set it up, and to the reconsideration by hospital authorities of the desirability of providing such a set for general use.

The Society has dealt with a significant number of such accidents in the past, though not within the last two years, and it considers it advisable to draw the attention of the profession to their recurrence.—I am, etc.,

P. G. T. FORD,
Regional Secretary,
Medical Protection Society.

Leeds 1.

Hydatid Disease

SIR,—I was interested to read in your leading article (21 November, p. 448) that doubt has been cast on the accuracy of the intradermal test for diagnosing hydatid disease. When I was in Kenya I had the opportunity to operate on 25 patients with this disease, and subsequently wrote a paper on the local epidemiology.[1] What I did not record in my paper was that I performed the intradermal test on several patients before operation, in each case with a negative result, although there was no doubt of the diagnosis after operation.

I therefore abandoned a scheme to make a survey of the local population using the intradermal test. All the patients tested had had the disease for a considerable time; one woman who complained that she had been pregnant for nine years had over three gallons (13·4 l.) of cystic fluid removed from her abdomen. It may be that after a time the body loses its antigenic response to the cyst fluid—a state of "specific tolerance?"—I am, etc.,

JOHN R. WRAY.

Boroughs of Calne, Chippenham and Malmesbury,
Chippenham, Wilts.

REFERENCE

1 Wray, J. R., *East African Medical Journal*, 1958, **35**, 37.

Assessing the Needs of the Elderly

SIR,—Perhaps one of the most important roles of the geriatrician at the health department is to assess the physical, mental, and social condition of those patients who through one channel or another are recommended for welfare accommodation. This assessment is essential to decide whether the patient is suitable for a welfare home, hospital, or whether in fact could be maintained at home with the support of the various statutory and voluntary organizations.

In this city we have some 40,000 elderly persons, which represents about 14% of the total population. At present we have welfare accommodation for something in the region of 800 persons. This year about 65 borderline cases were referred for assessment by the senior medical officer (geriatrics). The majority of these referrals were from welfare officers, others coming via hospital consultants, general practitioners, medical social workers, health visitors, and occasionally by members of the general public. About 30% of the total number of cases referred were found to be in need of hospitalization. This prevented the traumatic movement of an elderly person between firstly a welfare home, and then the inevitable admission to hospital.

Finally I would like to emphasize that this medical assessment done by the health department doctor as a medical adviser to the welfare department is of primary importance. It is my opinion that this is the best way to ensure the correct placement of the patient. I think it is wrong that the burden of such assessment work be left upon consultant geriatricians, which has the effect of increasing their work load considerably and drawing away their valuable skills from the geriatric unit.

Such an arrangement, of course, needs genuine co-operation and co-ordination between the hospital consultants, general practitioners, and the welfare department. We here in this city have found this system mutually advantageous to all the departments concerned, and most definitely in the best interest of the patient.—I am, etc.,

S. HUSAIN-QURESHI.

Health Department,
Bradford, Yorks.

Undiagnosed Abdominal Pain

SIR,—With reference to your leading article (22 August, p. 415), in my general practice I have often investigated children and young adults for recurrent attacks of abdominal pain. As a routine part of their investigation I include a straight *x*-ray of the abdomen. It has been of great interest to me to see that many of these cases, even those with pain localized in the right hypochondrium and the right iliac fossa, show gross faecal masses throughout the length of the colon.

The treatment I have adopted in these cases has been two or three enemata administered by the district nurse, which is then followed by regular laxatives, and then (probably most important) discussions with the child's mother to impress on her the necessity for adequate diet and proper supervision of the child's bowel habits to prevent further faecal build up.

Treatment has been successful in all cases, but occasionally at a later date owing to inadequate maternal supervision the child has required a further one or two enemata. The same regimen has been used in the treatment of encopresis with equally encouraging results.—I am, etc.,

I. M. SEEMAN.

Wainuiomata,
New Zealand.

Prophylaxis of Postoperative Pulmonary Atelectasis

SIR,—I am most grateful to Drs. C. M. Conway and J. M. Leigh (7 November, p. 368) for their comments on my paper (3 October, p. 26). Their criticisms of my interpretation of my results are most helpful, and after further thought on the subject have raised the possibility of an alternative interpretation, which is most interesting. I propose further investigations to test the concept.

Grateful though I am for these criticisms, I would like to answer a few of the points raised. Of the references in the first paragraph, the three on complication rates were taken in good faith, reference to Palmer is from his table quoting his M.D. thesis 1952. The other references were all