

- <sup>1</sup> Tidmarsh, D., Woode, Susanne, King, J. K., Report on Research at Camberwell Reception Centre, 1972.
- <sup>2</sup> House of Commons. Parliamentary Debates (Hansard), *Single Homeless People*, August 2nd, 1972, p. 639. London, H.M.S.O.
- <sup>3</sup> National Association for Mental Health. Mind Report No. 7, *Hospital, Prison or Pad*. London, N.A.M.H., 1972.

### Geriatric Practice

SIR,—Dr. Graham M. Hunter and others (28 October, p. 224) are to be congratulated on the succinct way in which they presented a number of important aspects of the practice of geriatric medicine. I would make two comments.

(1) There may be some advantages in the clinical management of cases if the pre-admission home assessment visit is paid by a physician in the geriatric unit. One basic principle in geriatric medicine is the need to make a diagnosis, and he is perhaps the best skilled person to assess the medical component of the multiple disorders (physical, mental, social and economic) which may be present and so estimate the degree of urgency for hospital admission. Early assessment by the medical social worker is also essential so that the patient's discharge from hospital can be anticipated even before hospital admission is arranged, but the details of the help that may be required cannot be arranged until the patient is nearing "peak performance" after investigation, treatment, and rehabilitation.

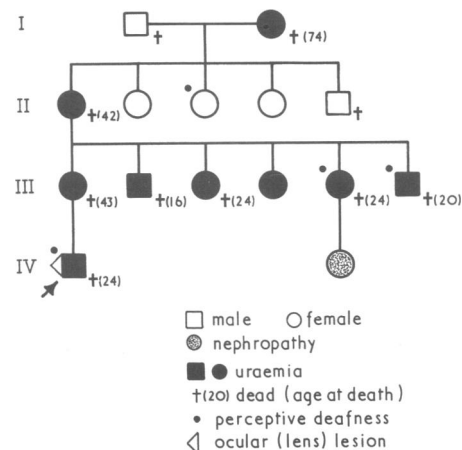
(2) Perhaps one should be cautious about putting steroids into weight-bearing joints. The relief of pain may allow the patient to over-exercise the joint and there is a risk of the development of a Charcot-like joint.—I am, etc.,

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### Hereditary Nephritis

SIR,—Your leading article on hereditary nephritis (12 August, p. 367) states that "though the urinary abnormalities are present equally in affected males and females, the prognosis differs enormously between the sexes," and that "this pattern of the disease is consistent in the majority of families, but rarely there is a more benign disorder [in men] or more serious lesions in females." Indeed such peculiarities of the typical pattern of the disease were until recently only exceptionally reported in the literature, and the severity in female patients



was usually attributed to intercurrent pregnancies, though some observations contradicted this concept.<sup>1,2</sup> Our own experience with 12 Greek families seven of which have been published<sup>3</sup> is consistent with the recent suggestion that "prognosis appears to differ not only between sexes but also among kindreds."<sup>4,5</sup> One such family, in which the disease was severe in the female patients, is shown in the figure. Out of four sisters in the third generation three were dead from uraemia at the ages of 43, 24, and 24 respectively. The fourth, now 40 years old, is already uraemic.—We are, etc.,

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<sup>1</sup> Buchem, F. S. P., Van Beetsstra, A., *Acta Medica Scandinavica*, 1966, **179**, 319.

<sup>2</sup> Purriel, P., *American Journal of Medicine*, 1970, **49**, 753.

<sup>3</sup> Symbooulidis, A., Voudiclaris, S., Mayooulou-Symvooulidis, D., Oreopoulos, D., and Yatzidis, H., *Nosokomiaca Chronica*, 1968, **30**, 491.

<sup>4</sup> Chazan, J. A., Jacks, J., Cohen, J. J., and Garella, S., *American Journal of Medicine*, 1971, **50**, 764.

<sup>5</sup> Ferguson, A. C., and Rance, C. P., *American Journal of Diseases of Children*, 1972, **124**, 84.

### Hypothyroidism in the Elderly

SIR,—Dr. Graham M. Hunter and others (28 October, p. 224) are to be congratulated on their charming tale of two sisters, which tells how the diagnosis and treatment of their multiple maladies led to the preservation of the integrity of their home. Hypothyroidism is indeed one of the diseases of insidious onset which is easily missed by the unwary, especially if the sufferer has already been classified in the doctor's mind as "senile."

I often think the medical profession should cultivate that persistent and astonished inquiry epitomized so well by Father William's son in *Alice in Wonderland*,

You are old, said the youth, and your jaws  
are too weak  
For anything tougher than suet;  
Yet you finished the goose, with the bones  
and the beak—  
Pray how did you manage to do it?

It is unsafe to assume that age, dementia, and incompetence go hand in hand without making diligent inquiry. Fortunately patients seldom react to this as Father William eventually did.

But there is another aspect of this condition which deserves notice. I have twice been asked to admit a patient because she had become too much for her daughter or he for his wife to manage. In one case the proposed patient was not suffering from any noteworthy disorder or incompetence, but to shake the daughter's hand was enough to reveal her coarse, dry, cold skin and to recognize that it was myxoedema in the daughter aged 60 not disease in her mother aged 84 which was the root cause of the trouble.

In another case, though the husband was confined to his bedroom by osteoarthritis and pain (which proved to be due to myelomatosis), it was apparent on visiting the house that hypothyroidism developing in his wife was partly responsible for her impaired capacity to care for him.

Dr. Hunter and his colleagues describe how their patients' problem was solved by investigation within the hospital. I would like to stress, though not for their benefit, the value of home visiting and domiciliary consultation by the physician. Consideration of the patient's social setting and the influence of disease on it affords much of the delight of geriatrics. Medical diagnosis is certainly easier in hospital but people live at home, and the pleasure obtained from helping them to do so is great indeed.—I am, etc.,

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### Mercury in the Environment

SIR,—Your leading article on mercury in the environment (10 June, p. 605) stated that the International Red Cross did a fine job in organizing the rehabilitation of 10,000 people paralysed by triorthocresyl phosphate sold as edible cooking oil in Morocco in 1959, "but the devastation in Iraq is probably less amenable to therapy and rehabilitation." We would like to comment on this point.

The damage from the mercury poisoning is believed to be "irreversible." Presumably that is why you state that the condition is "less amenable to therapy." It is true that necropsies, especially in our cases of pre-natal poisoning, have shown extensive cellular necrosis in the brain. Clearly that is an irreversible process. But a remarkable improvement of function in some of our cases makes us feel that the grim outlook predicted for all patients needs to be revised. All the cases that were graded as "mild" or "moderate," having symptoms of numbness, tremors, ataxia, paresis, etc., have made great progress on physical therapy, some of them losing their symptoms completely. Many of those who were graded as "severe," being completely paralysed and bedridden, improved greatly and began to be independent in caring for themselves and walking around after several weeks of patient physical therapy. Partial sight was recovered by some and partial hearing by others. This happened not only in the children who received treatment with chelating agents or polythiol resin but also in those who had no drug therapy. Possibly this indicates that new neurological pathways have come into use.

We shall be publishing these findings soon, but whatever the reason for this improvement we are certain that international organizations could give great help in the field of rehabilitation. W.H.O. should immediately direct its efforts in that way rather than believing that nothing can be done for the large number of crippled patients.—We are, etc.,

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### Micropipette for Skin Testing with Dinitrochlorobenzene

SIR,—Dinitrochlorobenzene (DNCEB) is a potent skin allergen.<sup>1</sup> Its use in the investigation of cell-mediated immunity in Hodgkin's