World Medical Association

SIR,—In the concluding paragraph of Dr. Harlem's excellent article on the World Medical Association (10 January, p. 107) he failed to mention how one can qualify to be an observer at a general assembly or obtain the *World Medical Journal*.

Apart from the delegates appointed by the B.M.A. other members who wish to participate must be associate members of the W.M.A. or full members of the British Supporting Group of the W.M.A. This group has arranged an annual subscription of £6, which provides W.M.A. associate membership, the *W.M.J.*, and membership of the group. I shall be glad to give information on the work of the group to interested doctors, and I can supply details of, and registration forms for, this year's assembly in Oslo 16-22 August.—I am, etc.,

H. W. PAINES,
Honorary Secretary,
British Supporting Group,
World Medical Association,

1 Sandy Lodge Way,
Northwood, Middx.

Hospitals in Wonderland

SIR,—In a report¹ from the Department of Health and Social Security it is stated "Current policy is to base the hospital psychiatric service on the district general hospital. If ideally constituted, the psychiatric complex might, for a catchment population of 250,000, consist of an in-patient unit of 120 beds and an out-patient department and a day hospital with 150-160 places." This provides psychiatric bed coverage at the rate of 0.48 beds per thousand population, and this is the theory underlying current policy.

In marked contrast, in the area covered by the Birmingham Regional Hospital Board, the figure for 1967 was 2.2 psychiatric beds per thousand population, of which 0.95 were occupied by patients aged 65 and over. Furthermore, in the six years leading up to 1967 the number of elderly patients, not just the proportion, actually increased.²

It therefore appears that "current policy" is to put two old patients into each bed at present occupied by an elderly person, and to sleep all younger psychiatric patients on the floor of the out-patient department and day hospital! Alice was much too sensible, but is it possible that the Mad Hatter spoke and the Dormouse slept at the party where current policy was "planned"? Will someone please explain?—I am, etc.,

R. W. PARNELL.

Sutton Coldfield,
Warwicks.

REFERENCES

- 1 Department of Health and Social Security *Statistical Report Series No. 7*, p.6, London, H.M.S.O., 1969.
- 2 Parnell, R. W., Cross, K. W. and Wall, M. *British Medical Journal*, 1968, 4, 763.

Work Overseas after Retirement

SIR,—Today retirement at 65 years is a problem to many doctors. For those of us in good health the question arises what we

can do, apart from extending hobbies which previously had insufficient attention.

The Asian, African, and other residents with whom most of us have worked have revealed to us from time to time the often appalling state of medical services in their own countries. This gave me and my wife (also a doctor) the idea of offering our services as locum tenentes to short-staffed mission hospitals. Although most of the emerging countries are establishing big hospitals in large centres of populations, the governments usually are only too glad to use additional help for their expanding services. What they need above all is trained staff. Not only is such in short supply, but there is the understandable reluctance of the national ambitious young doctor to isolate himself in some remote district without private practice to augment his slender salary.

Judging from my experience in South Africa, any doctor from Britain will find a few months of living in an outlying hospital a most rewarding one. There is unlimited scope, not only for one's own specialty, but in respect of the general work at the hospital. Equipment is usually adequate, although laboratory facilities vary. Diagnosis sometimes

is dependent on the question, "Is this a condition that we can treat effectively?" The language barrier is a difficulty, although nurse interpreters are usually effective, and, happily, physical signs remain the same throughout the world. The more interest one takes in the lives of the people the more likely is one able to help them. A complaint of abdominal pain may be an expression of a personal problem such as sterility, since failure to produce a son could lead to a man taking another wife. The variations in the ethnic or geographical distribution of diseases soon becomes apparent. A Shangaan may have a malignant hepatoma when he complains of abdominal pain, but not appendicitis.

In some areas the salary will be meagre. In others, such as South Africa, the remuneration will be at Government rates. In a three-month period we found this sufficient to cover all costs, including air transport. The experience was a most enriching one, and we would only be too happy to give further information.—I am, etc.,

DERRICK J. MARTIN.

Button's Close,
Ixworth,
Suffolk.

Points from Letters

Childhood Autism

Dr. J. M. CRAWFORD (Aberdour, Fife) writes: I think that Dr. M. Sim (31 January, p. 300) is more than unfair to the parents of autistic children. One can call childhood autism merely a label for a rather indistinct group of symptoms the cause of which still remains obscure. But this is not a rarity throughout medicine, least of all, if I may dare say it, in acute psychiatry. Both doctors and parents feel a need to label patients. The doctor's label should be as accurate and scientific as possible; a task often beyond his power. The parent wants a label for some sort of understanding and reassurance. . . . It is woolly thinking to speak of "the more numerous mentally subnormal" compared to the relatively small autistic group. These are all children whose performance is below the expected norm due to a number of causes. It is our job to discover the causes and label each child in accordance with our findings.

Chlormadinone Contraceptive Withdrawn

Dr. JUNE LAWSON (Syntex Pharmaceuticals Ltd., Maidenhead, Berks.) writes: We share Dr. L. Poller's concern regarding the withdrawal of chlormadinone acetate from the market. However, there is one point in his letter (31 January, p. 303) that we would like to clarify regarding the implication that in making the decision to suspend chlormadinone acetate the manufacturers did not comply with the ethical procedure of putting the facts before the Committee on Safety of Drugs. In fact, the reverse was the case. All the available data were already in the hands of the Scowen Committee, but the decision was made by the companies concerned.

Bacteriuria in Infants

Dr. N. G. O'BRIEN (National Maternity Hospital, Dublin 2) writes: Your leading article (24 January, p. 185) refers to the difficulty of diagnosing urinary tract infection in the newborn. I described, in your correspondence columns,¹ and subsequently published elsewhere,² a new technique of obtaining an uncontaminated

specimen of urine in the newborn. I would like to draw attention to this once more . . . In an initial study² using the above technique the urine of 300 (188 male and 112 female) apparently normal infants was examined; only 5 (1.6%) were found to have more than 10⁵ colonies per ml.

REFERENCES

- 1 O'Brien, N. G., *British Medical Journal*, 1968, 2, 51.
- 2 O'Brien, N. G., Carroll, R., Donovan, D. E., and Dundon, S. P., *Journal of the Irish Medical Association*, 1968, 61, 374.

Silent Spring

Dr. MARY D. DIXON (Student's Health Service, University of Bristol) writes: When I first read Rachel Carson's book *Silent Spring* I remembered I had felt it all before—H. W. Longfellow's *The Birds of Killingworth* was part of my upbringing.¹ The poet said it before the scientist. This narrative poem about pest control is over long for modern taste, but it deserves revival in Conservation Year. I hope there will be a similar happy ending, but I share Dr. Lyell's fears (17 January, p. 169).

REFERENCE

- 1 Longfellow, W. H., *The Birds of Killingworth* Chicago, Sloan Publishing Co., 1915.

Changing Face of Medical practice

Dr. J. N. WATSON (Wootton Bassett, Wilts.) writes: How very much I am in agreement with the views of Dr. G. R. Fearnley as expressed in his letter to you (3 January, p. 46). In my 86th year—and still practising medicine in a mild way—I look back and notice only too well the change of attitude of the younger generation of patients towards their doctors and vice versa. This may well be due to the enormous technological advance of the science of medicine, but it is a sad change. Today, a patient's doctor is looked upon as a social necessity as are the baker, the butcher and candlestick maker. Not as a friend of the family who could dispense, not only bottles of medicine, but advice on all sorts of family troubles.