bonding, but I wonder how many of us could get to the cure in time.

These adhesives should be handled with a non-touch technique, but as the general public know little about this perhaps it would be safer were these modern adhesives restricted to use by technical staff until a general awareness evolves.

W G STRAWBRIDGE

Pontypridd,
Glamorgan

Alternatives to levodopa

SIR,—I am surprised that in your leading article (15 May, p 1169) you are luke-warm about combined therapy for Parkinsonism. You refer to a relatively enthusiastic article by Professor Marsden,¹ but conclude that "nausea and slow initial response can be overcome by combining levodopa with a peripheral decarboxylase inhibitor, but this has few other real advantages." In the elderly patients that I have studied (50 patients of average age 76 years) combined therapy has several advantages over levodopa. The speed with which dosage can be increased means that patients spend less time in hospital or can be treated as day patients. The relative lack of nausea means that more patients can achieve a therapeutic dosage (about 500 mg a day of levodopa with 50 mg of carbidopa in my group). In addition, the success rate measured by improvement in functional ability is higher. The relative lack of cardiac side effects is valuable in an age group in which multiple pathology is common. The limiting factors in the elderly appear to be the mental side effects of confusion, hallucinations, and sleep disturbance. Involuntary movements are not a problem on the low dosage recommended.

I agree with Professor Marsden's conclusion in a later article² that combined therapy is the present treatment of choice in Parkinsonism.

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¹ Marsden, C D, *et al*, *Journal of Neurology, Neurosurgery and Psychiatry*, 1973, **36**, 10.

² Marsden, C D, *et al*, *Lancet*, 1973, **2**, 1459.

Future of community medicine

SIR,—National Health Service Reorganisation was viewed with considerable trepidation by many of the older medical officers of health and with qualified optimism by some of the younger members of the specialty of preventive medicine. It is now clear that the older members of the specialty were right. Preventive medicine, as practised by doctors, no longer exists in Britain because it cannot compete successfully with the curative services for a share of the single purse from which the hospital and community health services are now provided. In the past, of course, preventive medicine was funded separately, mainly by the local authorities.

The new specialty of community medicine is merely medical statistics with some administration and is increasingly concerned with planning services for patients who are the victims of the lack of preventive medicine. At district level we are medical statisticians without the statistical staff or the time to

enable us to produce the detailed and accurate information required by the district management teams and without the power to put into effect the few ideas we may have time to produce.

The new circular HC(76)18 on joint care planning weakens the district management team further by making strategic and service planning a function of the new joint care planning team at area level and leaving the health care planning teams (now to be re-constituted as district planning teams) to carry out operational planning within the policy laid down by the joint care planning team, which incidentally has a large local authority input.

I will not take up your time with all the other problems of community medicine which make many community physicians feel that the specialty may not survive after the retirement of its present members. Perhaps this was one of the undeclared aims of reorganisation.

L M MAYER-JONES

Durham Health District,
Dryburn Hospital,
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Operation baby lift

SIR,—In a leading article (17 January, p 112) you suggested that the British Paediatric Association might take the lead in planning for the reception of large numbers of infants transported by air from a disaster area. The problem was therefore carefully considered by the Joint Accident Committee of the British Paediatric Association and British Association of Paediatric Surgeons at a recent meeting.

In the article it was suggested that there should be, among other things, a store of paediatric supplies and lists of accommodation and staff (both professional and volunteer) for the reception of up to 1000 babies, and that all large cities with a major airport should make plans along these lines. However, much time and money would be needed to establish the organisation necessary for this aid and the lists would quickly get out of date without continuous review. The chances of any one major city having to receive a consignment of babies without reasonable warning must be so remote that the committee felt that such a major exercise, with the inevitable expense, would be unjustified.

R H JACKSON

Children's Department,
Royal Victoria Infirmary,
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Convener,
BPA/BAPS Accident Committee

Quality of life

SIR,—I read with interest your leading article concerning the quality of life for the elderly in long-stay wards and old people's homes (15 May, p 1168). Two points are raised—one is the quality of life that residents in these institutions may have and the second is the great need for appropriate allocation of scarce resources.

Many people concerned with the care of the elderly feel the need for urgent reappraisal of the type of accommodation we provide. While there may be differences in the amount of

nursing and other care that patients in different forms of institutions may require, fundamentally all such persons need a home-like environment and it is with this in mind that social services departments and hospital authorities should consider future joint planning. At the same time, of course, we must not revert to the deficiencies of the old "Poor Law" institutions.

At a time of extreme financial stringency appropriate use of scarce resources must be a firm aim. Early referral to a social worker and geriatrician is clearly an essential part of assessment of an elderly person for an old people's home, as it may be that alternative action is more appropriate. It will also avoid persons in need of hospital care being placed wrongly in welfare homes with the consequences that your article describes. However, on the other side of the fence one of the greatest problems at present is to utilise sheltered housing for the needs for which it was originally intended. There is certainly one London borough where it is difficult to house people in sheltered housing who require walking aids, as the housing department finds it impossible to recruit wardens for these developments if the residents are disabled. It is urgently necessary to reconsider the qualifications that are needed to fill a warden's post, and it may be that a period of training, with experience of minor nursing procedures, may be valuable. At present many elderly people who could benefit from sheltered housing are being maintained in totally unsatisfactory housing conditions for this reason.

More geriatric beds are clearly needed in some areas, but, as the recent consultative document¹ shows, there will not be a dramatic increase. Geriatricians have to distribute their scarce resources to as many as possible. Inter-mittent and holiday admissions go a long way to solving this, allowing the person to feel wanted by the family while at the same time relieving them of some of the burden of caring for an elderly relative. Early referral is essential and is best undertaken at an outpatient clinic or at a clinic for the elderly in a general practitioner health centre.

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¹ Department of Health and Social Security, *Priorities for Health and Personal Social Services in England: A Consultative Document*. London, HMSO, 1976.

Neuropathy or myelopathy?

SIR,—In their interesting paper on "folate-responsive neuropathy" Drs M Manzoor and J Runcie (15 May, p 1176), by not using conventional nomenclature, may have added confusion to what they admit is a controversial subject.

Neuropathy is commonly taken to mean peripheral neuropathy, and bilateral extensor plantar responses would not be "characteristic." The authors appear to indicate that their patients had spinal cord disease, and "folate-responsive myelopathy" would have been more accurate and less misleading. If their patients also had a peripheral neuropathy (thus emphasising a similarity to vitamin B₁₂ deficiency) the use of well-established neurophysiological techniques might have given valuable information about peripheral nerve function in these patients before and after treatment. An opportunity has been missed to show that folic acid may have a role in

maintaining the integrity of the central and peripheral nervous systems.

A C YOUNG

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Salford

Review Body Report

SIR,—Surely the function of the Review Body is to state what in their considered opinion is a fair salary for all doctors. Their recent failure to award any increase in salary to those earning more than £8500 per annum, although in keeping with the Government's policy, must cast yet further doubt on their independent status; the Royal Commission established the Review Body to avoid this very situation where the Review Body would report in keeping with the desires of a particular government then in power.

I submit that the Review Body should have stated what they thought was a fair salary and left the present Government to refuse to honour this, as they would have to do under the present law. If, as seems likely, the present ceiling is removed in August a most anomalous position will exist.

G W H JARDINE

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Newcastle General Hospital,
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SIR,—In the Sixth Report of the Review Body¹ special attention is drawn to the anomalies that have arisen already within the pay structure of the medical profession. The £312 increase in NHS earnings recommended by the Review Body has only accentuated these differences.

As one example of these anomalies I would like to point out my own position. As a university tutor in obstetrics and gynaecology, with honorary senior registrar status, my salary is governed by the non-consultant clinical lecturer salary scales. My on-call rota is equal to and shared with my NHS senior registrar colleague and two registrars. As is prevalent in many obstetric units, the housemen are employed on the NHS senior house officer salary scale.

This simply means that I am now the lowest paid member of the medical staff in the unit.

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Gynaecology,
University of Manchester

¹ Review Body on Doctors' and Dentists' Remuneration, *Sixth Report 1976*. London, HMSO, 1976.

Points from Letters

Barbiturates in the elderly

Dr T G JUDGE (Edinburgh) writes: I must take issue with Dr R G Simpson (8 May, p 1147) on the subject of barbiturates in the elderly. I personally have ceased to use these drugs for two reasons. Firstly, because of the high incidence of confusion, ataxia, and falls following their use, and, secondly, because of the numerous and powerful interactions that occur with other drugs, often in an unpredictable way. I agree that the occasional individual remains who cannot be managed with any

other drug group, but it would be a pity if the correct management of this minority may lead to the continued widespread use of barbiturates in the elderly.

Bath additives as cause of pruritus

Dr J D LITTLE (Darlington) writes: I have today seen a girl of 17 . . . who complained of intractable pruritus ani . . . There was no sign of haemorrhoids, nor any history of threadworms. The pruritus came on each night on getting into bed. Further inquiry showed that she regularly added bath additives, in particular Badedas, to the bath water. She herself had tried bathing in plain water on the previous day and had noticed the absence of irritation.

I was especially interested in her story as it exactly repeated my own experience of the use of Badedas, which I had used for a period of some two years. . . . The relief obtained after reverting to plain water was very considerable. . . . I suggest that some puzzling cases of pruritus ani can be due to the use of bath additives, which are, in effect, detergents.

Removal of impacted rectal foreign body

Dr M W FORDHAM (Winsford, Somerset) writes: Many years ago Mr Philip Mitchiner was confronted with a glass tumbler in the rectum. After considerable thought he filled the tumbler with plaster-of-Paris and inserted a hook. Two days later when the plaster had set he put some string round the hook and pulled it out.

Age incidence of gall stones

Dr R P ROBERTSON (Amble, Morpeth, Northumberland) writes: Like Dr K A Harden (1 May, p 1074) I have found no association in general practice between cholecystitis, gall stones, and the pill. I have, however, noted an increased incidence of cholecystitis and/or gall stones at a much younger age than used formerly to be the case. In this practice of some 3000 I have noted five such cases in women aged 18-30 years. . . . Among these patients none is in the slightest degree obese, three are fair, and two are brunette. It would seem that cholecystitis and gall stones are occurring in women at a much younger age than they used to do, that the cause is not known, that it is not due to the pill, and that there is scope for further investigation.

Burning feet

Dr S ALLEN (Battersea Central Mission Varicose Clinic, London SW11) writes: Dr G A Fitzgerald and others (8 May, p 1149) describe the symptom of "burning feet," relieved by phlebotomy, in a patient with polycythaemia rubra vera. I would suggest that the aetiology in this case is purely mechanical. The symptom of "burning feet" occurs in a definite proportion of patients suffering from chronic venous disorder of the leg, and in 1970 I found it present to some extent in 12% of patients attending the varicose ulcer clinic here.¹ I consider that the

skin changes—staining, eczema, and ulceration—are due to a mechanical failure of venous drainage at the tissue bed level, with consequent leakage of waste products into the tissues. Obviously this will be more marked in dependent parts such as the feet and I never found a patient with this symptom complaining of "burning hands." The finding that the condition was relieved by the mechanical process of phlebotomy, which, by reducing the total blood volume, must improve the venous drainage at the tissue bed level, would seem to confirm the hypothesis of a mechanical basis. . . .

¹ Allen, S, *Practitioner*, 1970, 205, 221.

Thoracic discs are different

Dr R T D FITZGERALD (Sheerness, Kent) writes: Dr J D Miller courteously disagrees with my criteria for the diagnosis of disc lesions (15 May, p 1213). I use mainly those principles described by Dr James Cyriax. I agree with everything that Dr Miller has said except that the pain due to any disc lesion is derived from a derangement or locking of any part of the joint. . . . I have cured many disc lesions but I have never altered anyone's x-ray. If you care to go through 1000 x-ray folders you will find the worst looking spines in the backgrounds of pictures taken for reasons other than suspected disc lesions, whereas the most normal spines are those of persons suspected of having disc lesions, who are usually of a younger age group. If you go further and dig out the medical records of the persons whose x-rays you have examined you will find that very few of those with obvious joint derangement have had sufficient symptoms to complain of anything of which the x-ray appearances could possibly be culpable. *Res ipsa loquitur*.

Rubella in adults

Dr G P WALSH (Blackburn) writes: Infectious fevers always seem more severe in adults than in children. None more so than when rubella contacts are missed and the trauma of termination of pregnancy or a congenital deformity ensues. Many doctors must feel that the continuing education and the acquiring of natural immunity by "tea parties" at school would risk less and gain more. They would make more watertight the present active immunisation campaign. Women teachers should surely have serum tests to check their immunity as they are anyway vulnerable to the missed contact. . . .

Trenditis, right or wrong?

Dr ANNE C V GREIG (Glasgow) writes: This is just to express my appreciation (and that of many of my acquaintances who cannot find the energy to write) for the contribution in *Materia Non Medica* by Dr Myer Goldman (24 April, p 1011). To read it is to experience the sensation of a glorious rush of sweet, fresh air into a stale, not to say stinking, atmosphere. I don't think really that we are in awe of the trendists so much as suffering from chronic inertia. Everything seems very hopeless in our country today with no prospect of improvement in sight. . . . However, with people like Dr Goldman around, maybe there is a gleam of hope.