way results in severe crushing injury causing extensive soft tissue damage, and on occasions, fractures of the bones of the hands, forearms, or feet (figs 2 and 3).

I saw these six children who needed admission to hospital, their injuries ranging from soft tissue damage alone to multiple displaced open fractures of the phalanges. They have been followed up clinically and radiologically for six months and all have regained full function in the injured part.

Comment

Six such cases in one month is not an alarming number, but

perhaps this is only a small percentage of the total being treated by family doctors and other accident departments. It would not be difficult or expensive to fit a locking device similar to that on manhole covers and hence eliminate this unnecessary injury to small children.

My thanks are due to Mr P H MacAuley, Temple Street Childrens Hospital and Mr B F Regan, Our Lady's Hospital for Sick Children, Crumlin, for permission to publish details of patients under their care; Mr G Scully for the photography; and Miss V Tucker for secretarial help.

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Contemporary Themes

Helping pensioners to keep warm

DAVID DONNISON

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During the winter of 1972 I collaborated with doctors and others in the first national study of hypothermia. With the help of a team of nurses, the Opinion Research Centre interviewed for us over 1000 elderly people in their homes and measured their body temperatures and the temperatures inside and outside the house. We showed¹ that about 10% of those interviewed were at risk of developing hypothermia because of their low body temperatures and that many more were in unpleasantly cold conditions. Indeed, 55% were in living rooms with temperatures at or below 60.8°F (16°C)—the minimum laid down for working environments in the Offices, Shops and Railway Premises Act 1963. A disturbingly large number of old people with low body temperatures were living on supplementary benefit, and three-quarters of the supplementary pensioners in our sample were unaware that they could get extra financial help towards their heating costs. Our practical conclusions included recommendations for action to be taken by the Supplementary Benefits Commission. Since then the cost of fuel has risen dramatically, there has been growing public concern about these problems, and in 1975 I became Chairman of the Supplementary Benefits Commission. With another cold winter upon us, this may be a good time to report on the action which the Commission has taken.

Extra payments for heating

Since it was set up in 1966 the Commission has used its discretionary powers to give some extra help with heating costs to pensioners with exceptional needs. It has done this by paying weekly heating additions on top of the basic rates of benefit.

These additions are payable when, for example, mobility is restricted by age or infirmity or a person has a chronic condition such as rheumatism or severe anaemia or a serious illness requiring extra heating or a constant room temperature. They can also be paid if a person's accommodation is damp or difficult to heat and to help with the costs of central heating. The amounts vary according to a claimant's personal and home circumstances, but they are usually paid at rates of 70p, £1.40, or £2.10 a week. Very exceptionally more than £2.10 a week may be paid.

When the need for extra warmth can be met by, for example, extra blankets, materials for draught-proofing, or the repair or replacement of an ineffective heater, the Commission will consider making a single lump-sum payment if a claimant has little capital. In practice, that means we may be able to help if the pensioner has special need for these things and would have less than £200 left after paying for them from his own savings. If his savings are larger than that we are unlikely to provide lump-sum payments of this kind. In exceptional cases we may also be able to help supplementary pensioners pay fuel bills which they cannot meet, but normally we can do no more than make regular weekly deductions from their benefit to help them budget for what might otherwise prove an intolerably large quarterly payment. All these arrangements also apply to younger, non-pensioners claiming supplementary benefit. We can usually offer no help to people who are not entitled to claim supplementary benefit because they are in full-time work or their incomes are too high.

Recent improvements

What more have we been able to do during the past year or two? The scope of the arrangements for giving additional weekly help for heating used to be limited. For example, under 200 000 heating additions—two-thirds of them at the lowest rate—were being paid to the 1.8 million supplementary pensioners in December 1971. Since then the Commission has stretched the use of its discretionary powers to the limit to make it easier for staff to help those in need. Although fuel prices have risen

Supplementary Benefits Commission, London WC2A 2LS
DAVID DONNISON, MA, chairman

steeply, the extra help given by the Supplementary Benefits Commission seems to have more than kept pace. The number of supplementary pensioners has dropped to about 1.6 million, but the number of people receiving weekly additions to help them pay for heating had risen to nearly 900 000 last winter and is now probably over one million. These are very encouraging developments if we bear in mind that the staff who did the work were at the same time dealing pretty successfully with other pressures. These included the largest increase in the number of unemployed claimants (whose benefits are far more complicated to deal with than pensioners' benefits) this country has seen for over 40 years and a record number of claims from students.

Survey

The Commission and the staff who administer our benefits were nevertheless concerned lest there might still be pensioners with insufficient funds to keep themselves warm. We therefore surveyed about 900 supplementary pensioners last year to see whether they were getting all the extra help to which they were entitled and whether they had any special problems. This survey did not measure body or room temperatures, so no conclusions could be drawn about vulnerability to hypothermia. We did find that supplementary pensioners were not especially likely to be using inefficient or old-fashioned systems of heating and that those with central heating were not in general facing worse problems than those without. But, despite the large increase in extra cash help with heating costs, many supplementary pensioners seemed to be restricting their use of heating to some extent because they were worried about heating costs. If these pensioners were given extra money, about half of them (particularly among the younger pensioners) would spend it on extra heating. This survey brought home to us that there were still some supplementary pensioners—possibly about a quarter of a million—who probably ought to be getting extra heating additions but are not receiving them.

What can be done?

We discussed the possibility of asking for a large-scale advertising campaign. But advertising is expensive and has too often been ineffective in reaching this kind of fairly small target group. Moreover, the Government, and pretty clearly the electorate too, have resolved that there should be no increase in the number of civil servants until the nation's current economic problems are resolved. Indeed, we may have to make do with fewer staff. It would be irresponsible to generate a massive influx of claims—many of them inevitably fruitless, but no less time-consuming for that—if our already hard-pressed staff cannot be augmented to deal with them. Instead we have taken

three more selective measures to get heating additions to supplementary pensioners who should be receiving them.

Firstly, local office managers have been asked to give special attention whenever they can during the next few months to supplementary pensioners without heating additions so that no possible need is overlooked. Secondly, from this month onwards a poster on heating additions will be displayed in post offices and will be available to general practitioners for display in their waiting rooms. We hope they will put it in prominent positions. Thirdly, the regional information officers of the Department of Health and Social Security will be using every possible opportunity to increase public awareness of heating additions.

The Secretary of State has already done a good deal to give a lead to this publicity, and the Commission will help whenever it can. I hope David Ennals's "good neighbour" campaign will also be a spur to many to help the lonely and housebound to get help from us. Meanwhile, the code of practice² published by the fuel industries represents a useful start in improving their arrangements for collecting payment from those experiencing hardship.

What remains to be done?

If the electorate wants the Commission to do much more for our claimants, it must call on governments to provide us with staff for the purpose and be prepared to pay for them. Equally important perhaps are the needs of the elderly who are not entitled to supplementary benefit. Only 23% of the people over pensionable age are drawing supplementary benefits: we can do nothing for the remaining 77%, many of whom are little more affluent than supplementary pensioners.

There are several proposals and policies that we hope to see more actively considered in future for the sake of all pensioners. These include better insulation of all new housing and greater efforts to improve the insulation of existing housing; a re-examination of fuel tariffs to see whether they could be reformed so that they no longer impose the heaviest charges per unit on the smallest consumers; the development and installation of prepayment meters operated by self-destroying tokens, which do not require emptying (a labour-intensive and increasingly costly service) and do not tempt thieves; and continuing progress towards the better pensions and child benefits, which all parties in Parliament have now committed themselves to provide.

References

- ¹ Fox, R H, *et al*, *British Medical Journal*, 1973, 1, 200.
- ² *Payment of Domestic Electricity and Gas Bills: A Code of Practice*. Gas and Electricity Supply Industry, December 1976.

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ONE HUNDRED YEARS AGO Public attention has been prominently directed recently to a very interesting question which was raised by Dr Messer, RN (well-known to the profession by his researches on enlarged prostate carried out at Greenwich Hospital), as to the effect of the poisoned arrows used by the natives of the South Sea Islands. The paper will be found in the *Naval Medical Report* for 1875. Its object is to show that, whatever the poisonous substance with which the arrows are smeared (a point on which nothing certain is known), it does not produce any specific effect, but that, when it proves fatal, it does so by inducing ordinary traumatic tetanus; and this result, always more or less probable in a tropical climate, is, according to Dr Messer, much more likely to ensue, if the wounded man have a nervous dread of the poison, and still more if (as would be the case with a savage) he be also under the influence of superstitious terror. The case which has led to this publication was the skirmish in which the lamented Commodore Goodenough lost his life. He was one out of seven of the ship's crew who were wounded; and, of these, three died of tetanus, the earliest symptoms of which did not show themselves till the fifth and sixth days

after the injury. This long interval is, indeed, very different from what is observed in the case of any known poisonous inoculation; but anyone who reads Dr Messer's report will see that it is by no means conclusive, nor probably does it pretend to be so. The power of nervous dread to produce tetanus is by no means admitted. Of Dr Messer's three patients, the Commodore is allowed to have been a man of firm mind and wide knowledge; and it seems that the only proof of his being under the influence of nervous apprehension is, that he made preparations for the fatal event (which any man might and ought to do after suffering from a wound said to be poisoned), while a second patient is allowed to have had no dread at all. The question could only be settled by procuring some of the poison and by testing its effect, or that of the arrows, on some of the lower animals; but meanwhile it is one of great interest (even apart from the lamentable event which gives it its special significance at the present time), and Dr Messer has done well in bringing the special subject of the arrow-poison, and the more general one of the effect of fear in inducing tetanus, under the notice of surgeons. (*British Medical Journal*, 1877.)