

make use of his department by letter, phone, or personal call at any time he required its services.

A further duty of the liaison doctor would be to act as a public relations officer between the public and the hospital. The press could approach his department for information on matters of public interest going on in the hospital, and individual members of the public could also contact his department for special information they might be entitled to have.

Finally the liaison doctor and his department would be in contact with his opposite number in other hospitals, research laboratories, and institutions of one sort and another for the exchange of information. In this way a separate service with its own organization devoted to the collection and distribution of medical knowledge could be built up.

The scheme has the merit that it could be started at small expense as an experimental pilot scheme in one or two hospitals.—I am, etc.,

Woldingham, Surrey.

T. T. B. WATSON.

External Assessors

SIR,—At a recent selection committee meeting for the election of a surgical consultant the surgical assessor was the professor of surgery of the medical school at which three of the candidates were or recently had been registrars, so presumably they must have been personally known to the professor. It seems to be wrong in principle, for obvious and various reasons, that the assessor should know any of the candidates personally, and I should have thought that whoever has the duty of inviting the assessors should make sure that they do not know the candidates personally, which, in a selection of this kind, should not be difficult. I am not inferring that any bias was shown in this case or that the final choice was not the correct one.—I am, etc.,

Broadstone, Dorset.

F. P. FORREST.

Hospital Colour Scheme

SIR,—We were very interested in the paper by Dr. D. W. A. McCreadie (June 16, p. 1687) with its novel ideas regarding hospital interior decoration. We have in the ward at present a patient whose disability—osteomyelitis of the tibia following a compound fracture—has necessitated prolonged immobilization in bed. This patient, an architect by profession, has grown tired of staring up at uniformly grey or white ceilings, and recently submitted to us his idea on some improvement on this state of affairs. He suggested a series of rectangles of different colours, the whole making an attractive pattern. We hoped to implement the idea when one of our wards became due for repainting, but the hospital house committee have, for various reasons, turned it down.

We feel, however, that such suggestions like those in Dr. McCreadie's paper should not be invariably dismissed as unsuitable when decoration of wards is contemplated. Have any of your readers any experience of a multicoloured system of decoration of hospitals, in particular patterned ceilings in hospital wards? Are they beneficial to patients' morale, or not?—We are, etc.,

Edinburgh 9.

JAMES A. ROSS.
T. J. MCNAIR.

Postnatal Examinations

SIR,—Now, when the general-practitioner obstetrical record card is being revised, is it not the time when we should ask ourselves if the postnatal examination is really necessary or even desirable?

Six weeks after a birth, if this examination is made on a patient whose pregnancy has been normal, the only likely abnormality to be found is a retroverted uterus which will in all likelihood be mobile and nothing will be done about it. The woman who has dyspareunia from a fixed retroversion or an unhealed perineum will consult us without being asked to do so, likewise will the patient with vaginal discharge from an erosion or the discomfort of a prolapse. The patient who has had proper antenatal care should not be anaemic unless she has suffered a post-partum haemorrhage. In that case we should have been treating the anaemia before six weeks.

By far the most important reason why there should be no vaginal examination six weeks after confinement is psychological. All general practitioners are acutely aware how difficult it is to persuade these patients to come to the surgery, and one does not have to be a super-sensitive individual to know how embarrassing it is to call at the patient's home to try and make the examination (in order to satisfy the bureaucrats who pay us). There is much more to it than that the patients just cannot be bothered. I suggest that the human female, who heartily dislikes vaginal examinations, is so completely dominated by her maternal instincts that her feelings of distaste are overcome when she is pregnant and anything done to promote the safe arrival of her child is acceptable. With the possible exception of the nervous primipara in the early months of pregnancy, I have found no difficulty in making vaginal examinations in the pregnant woman, no matter how often this is necessary.

I would therefore suggest that before these tiresome, obnoxious, and rather useless examinations are written into the obstetrical rules for the next decade we think carefully about it and consult those who are best fitted to express an opinion—viz., our colleagues who have given birth to children themselves.—I am, etc.,

Dungannon, Co. Tyrone.

CONN MCCLUSKEY.

Alcoholism

SIR,—It is no secret that conversations at a high level are taking place on the problem of alcoholism, and only recently, when I met her at a convention on alcoholism in Bournemouth in May, Dr. Doris Odlum asked me to collect information that would help to uncover the "alcoholic pattern."

Twenty years' experience in this field with the added tragedy of having alcoholism in the family leads me to regard it as a (if not the) most devastating disease of our times falling into the "disease pattern" of acute, subacute, and chronic phases. In New Zealand a "galloping" alcoholism is recognized, confirming my experience of varying sensitivity in different people. The acute phase is distinct from acute alcoholic poisoning. It is rather a fulminating condition occurring in early drinking, often associated with tics and fine tremors, and having a very poor prognosis.

The subacute variety is by far the commonest—characterized by episodes over the years which increase in duration and intensity until what I take the liberty