	Population (thousands)	Expenditure (thousand £s)	% Variation from National Average for Provision of Beds per Capita									
			Total	General Medicine	General Surgery	Trauma/ Orthopaedic	Mental Illness	Mental Handicap	Maternity	Maternity (adjusted)	Geriatric	Geriatric (adjusted)
Lewisham, Southwark, Lambeth, A.H.A.(T.)	768	28 156	-07	102	47	06	-71	-98	06	-05	-17	-29
Bromley	305	7227	-35	30	16	-20	-93	-91	32	28	07	11
Greenwich, Bexley ..	434	11 929	11	40	07	-21	54	-81	37	35	-19	-14
Kent	1462	34 803	03	-17	-14	-13	-03	81	-07	00	02	-03
East Sussex	647	15 683	-19	-19	-06	-37	-41	-36	-47	-29	28	-29

and Mr. Klein this is only exceeded by Liverpool. The disproportion is emphasized in hospital expenditure, where the A.H.A.(T.) has 21% of the region's population but consumes 29% of resources.

A point requiring caution in interpretation of these data, not previously mentioned, is that the population size of each area has a weighting effect. For example, the percentage difference from the national average in provision of mental handicap beds in Kent is +81, and in Greenwich and Bexley it is -81. However, the Kent population is 3.36 times that of Greenwich and Bexley, and in real terms Kent has +1470 beds and Greenwich and Bexley -429.

I would support the suggestion that the D.H.S.S. eventually publish details of the distribution of resources by A.H.A.s, including community and general practitioner services where possible. Until then one would hope for the fullest co-operation from regional information departments in assisting independent researchers.—I am, etc.,

M. J. MCCARTHY

Preston Hall Hospital,
Maidstone, Kent

SIR,—Mr. M. J. Buxton and Mr. R. E. Klein (8 February, p. 345) correctly point out the difficulties in the precise measurement of the health needs of a population. Since infectious diseases have become less of a problem mortality has ceased to be such a sensitive indicator of the health status of populations. Techniques for measuring need, however, should not be dismissed since increasingly morbidity information is being obtained in surveys direct from representative samples of household respondents.

The General Household Survey¹ is an example in which methods of this type to measure health need are being perfected. Admittedly validation of such information against medical diagnosis will be required. However, it will provide an essential and practical first step in attempting to match resources to health needs in particular populations.—I am, etc.,

D. P. FORSTER

Department of Community Medicine,
University of Sheffield Medical School,
Sheffield

¹ Office of Population Censuses and Surveys: Social Survey Division, *The General Household Survey. Introductory Report*. London, H.M.S.O., 1973.

Surgery in Rhodesia

SIR,—Dr. W. O. O. Sangala (1 March, p. 516) is not quite fair in making a racial issue out of Professor L. F. Levy's Personal View (18 January, p. 147). The latter indicated that selection should be exercised in deciding whether to perform shunting operations on

patients with hydrocephalus living far away from Salisbury. The "exotic" operation concerned involves close postoperative supervision. Distance, not indigence, is the main obstacle to successful follow-up.

Professor Levy is not "resigned" to different standards of surgical treatment according to income but aims to provide the maximum benefit for every patient, which depends largely on the geographical situation of the patient's home.—I am, etc.,

S. V. HUMPHRIES

Malaga, Spain

Specialists in Community Medicine

SIR,—While I do not entirely accept the specific case made by Mr. A. F. Pentecost (8 February, p. 330, and 15 March, p. 629) I believe that he has drawn attention to an important principle—namely, that doctors should be employed only to do work that requires medical qualifications. I seriously doubt the need to employ community medicine specialists, or for that matter nurses, on capital building and on medical staffing, and I was dismayed to see in a recent advertisement that one area proposed to appoint its seventh specialist in community medicine. For many years the more progressive of the former county health departments demonstrated the success of a policy of reducing the number of doctors employed in administration and using non-medically qualified administrators in their stead, resulting in economies and, dare I say, improved efficiency. This lesson appears to have been overlooked in the course of the present reorganization, and I believe it is vitally important that community physicians are properly supported by high-calibre administrative and clerical staff, thus freeing them for their proper work. There are, for example, suggestions at present that additional community physicians should be appointed at district level, but from my experience of a moderate-sized district I believe that the work load can be contained, always provided that the necessary administrative support is given and community physicians are not, as I believe many are at present, expected to work with the assistance of only a personal secretary.

There has been some confusion concerning nomenclature and may I point out to Mr. Pentecost that the term community physician is generic and applies to all those working in community medicine. Specialists in community medicine, not community health specialists, are the doctors to whom he has referred and are those working at area and regional level in addition to the area and regional medical officers themselves.—I am, etc.,

D. G. H. PATEY

Bury St. Edmunds Health District,
Bury St. Edmunds, Suffolk

Geriatric Chairs

SIR,—In February 1829 a young male patient at the Lincoln Asylum was accidentally strangled by a strait jacket. He had been left in the jacket overnight and found dead in the morning. This incident was one which led to the abolition of physical restraint within the hospital. The non-restraint movement became national, and in the 1840s it was acknowledged that under proper conditions all types of psychiatric patient could be treated without physical restraint.

It seems, however, that the aged may still not partake in the liberal benefits of non-restraint. There are in common use in geriatric and psychiatric hospitals so-called geriatric chairs. These are tubular steel chairs with some degree of padding. There is in front of the patient a tray held firmly in place by two tubular steel extensions which fit into the arms of the chair. The tray is secured in one model by two butterfly screws. In another type it swivels out and is locked by a spring on one of the upright supports of the arm. The chairs are wheeled and are so made as not to fall over. They represent every convenience except freedom for the patient. The elderly patient who may be confused is unable to co-ordinate sufficiently to remove the heavy tray and is as physically restrained as if in handcuffs. Recently in Lancashire an emaciated patient was strangled by slipping down behind the tray and getting her nightdress caught on the clamping screw.

It will be urged that under present conditions of nursing staff shortage and a relative increase in the aged population such measures are essential. On the contrary, such measures may produce disinterested nursing and medical staff and have no part to play in the modern care of geriatric or psycho-geriatric patients. Restless patients can often be much more comfortably nursed in an ordinary "recliner" chair. If doctors feel that geriatric chairs are necessary they should be alert to their dangers.—I am, etc.,

KINGSLEY JONES

St. Nicholas' Hospital,
Great Yarmouth

The Samaritans

SIR,—In his article on "Stress and Distress" Professor R. C. B. Aitken (15 March, p. 611) refers to the assistance given by people in voluntary organizations in improving a patient's welfare. This trend has developed rapidly and has proved of great value in supplementing the help provided by the medical, paramedical, and other professional agencies. The Samaritans are one of these voluntary organizations. Their central role is to give immediate help to those in despair or suicidal, but they also deal with a large variety of human problems, many of