The safety of laparoscopy may be assessed from our results, but the safety of laparotomy in equivalent circumstances must also be considered. Laparotomy in the presence of diffuse hepatic disease has a high mortality rate.¹⁵ The series of Scott *et al*¹⁶ is most comparable to ours. These authors studied 845 medical patients of similar age to ours who underwent diagnostic laparotomy for non-surgical disease. The diagnostic success rate was comparable with ours, but the mortality (15%) and complication rates (43%) exceeded that of our series considerably. Their high morbidity must reflect the poor condition of "medical" patients compared with most "surgical" patients, and the relatively "minor" procedure of laparoscopy seems to be preferable when appropriate.

Expensive theatre suites with their accompanying staff are unnecessary in performing laparoscopy, so it is a highly effective diagnostic tool in terms of cost, particularly since a 24-hour admission is all that is needed in uncomplicated cases. Our experience shows that it is virtually free of major postoperative complications in appropriately selected cases.

References

- ¹ Robinson, H B, and Smith, G W, *Surgery, Gynecology and Obstetrics*, 1976, **143**, 829.
- ² Gomel, V G, *American Journal of Surgery*, 1976, **131**, 319.
- ³ Balfour, T W, and Hardcastle, J D, *Practitioner*, 1976, **217**, 539.
- ⁴ Herbsman, H, Gardner, G, and Alfonso, A, *Journal of Reproductive Medicine*, 1977, **18**, 235.
- ⁵ Sugarbaker, P H, *et al*, *Lancet*, 1975, **1**, 442.
- ⁶ Balfour, T W, *Lancet*, 1972, **1**, 612.
- ⁷ Rosenthal, W T, *American Journal of Surgery*, 1972, **123**, 421.
- ⁸ Walker, R J, and Williams, R, *Modern Topics in Gastrointestinal Endoscopy*. London, Heinemann, 1976.
- ⁹ *British Medical Journal*, 1978, **1**, 738.
- ¹⁰ Semm, K, *Endoscopy*, 1969, **1**, 68.
- ¹¹ Jori, G P, and Peschle, C, *Gastroenterology*, 1972, **63**, 1016.
- ¹² Trujillo, N P, *Gastroenterology*, 1976, **71**, 1083.
- ¹³ Conn, H O, *Gastroenterology*, 1972, **63**, 1074.
- ¹⁴ Bruguera, M, *et al*, *Gut*, 1974, **15**, 799.
- ¹⁵ Harville, D D, and Summerskill, W, *Journal of the American Medical Association*, 1963, **184**, 257.
- ¹⁶ Scott, P J, *et al*, *Lancet*, 1970, **2**, 941.

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Personal Therapeutics

A self-medication retraining programme

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There is increasing interest in the problems that the elderly have in taking their drugs correctly. Although elderly ill people in hospital receive a considerable amount of retraining in the ordinary aspects of living and self-care, surprisingly this most important aspect of their life is omitted.

In hospital

A patient's self-medication programme has been established in the geriatric assessment unit of the Southern General Hospital, Glasgow. When the consultant who is caring for the patient decides that discharge is foreseeable the patient is included in the self-medication programme at least two weeks before discharge. The drug regimen is first simplified, including only those drugs that are essential for the patient. A staff pharmacist then interviews the patient and assesses the types of container that the patient can use and the types of labels he can read. He also shows the medicines to the patient, explaining the purpose of each, and gives him a card with instructions about the medication in the familiar terms—for example, "Water tablets"—with a two-day supply of drugs.

The patient is withdrawn from the regular medicine rounds, and his Kardex is closed with the words "self-medication." The emphasis changes from taking medicine at ward round times to following a timetable suitable for the patient, such as at breakfast, lunch, tea, dinner, and bedtime. The patient is allowed to keep the tablets in locker, handbag, or pocket. All the ward nursing staff and the nursing officer know that he is on a trial of self-treatment and during the first two days supervise him closely and obviously.

At the end of two days the pharmacist checks that the drugs have been taken and by discussion with the patient that they have been taken correctly. A second supply of drugs for two days is then issued. Supervision by the nursing staff is reduced and becomes unobtrusive except for occasional spot checks and checks at the end of the two days, when a third supply of drugs is issued.

At the first discussion the pharmacist had found out from the patient from which local pharmacist he will receive his home supplies and had contacted this local chemist to ensure that future drugs would be given in suitable containers suitably labelled. The patient next receives five days' supply of drugs and then on discharge a further five days' supply.

At home

We hoped that the community nurse who would care for the patient after discharge would visit the unit and see the programme in action, but this has proved difficult to establish. There is a district nurse attached to the unit, however, who follows up patients after discharge to maintain the hospital link where necessary. She is informed before the patient is discharged, and she reports back to the unit.

When the patient leaves hospital the local pharmacist is told

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again and the general practitioner is told that the patient has been retrained in taking his own drugs and understands the medication. If he fails in the self-treatment trial this would be prolonged in an attempt to retrain him. If there is permanent failure this becomes a strong argument against discharge—or at least points to the need to arrange for family, friends, home help, nurse, or other agent to supervise drug taking.

Despite initial fears, leaving drugs in the care of the patients in the wards has presented no problems. The simplification of the drug regimen at the start of this programme is salutary, but we have been pleased to find that some patients who have had to leave hospital on a difficult drug programme have proved well able to handle this after retraining. Our district nurse notes that retraining greatly increases the ability to take the drugs correctly.

MATERIA NON MEDICA

Leeds International Piano Competition

Triennially, the Leeds International Piano Competition provides me with a 10-day musical feast—and a salutary reminder that once upon a time I wanted to become a professional pianist. Behind the televised glamour of the final stage, in which the six chosen ones played concertos with the BBC Northern Symphony Orchestra, lay many nerve-racking experiences for the 95 original entrants: waiting for news of qualifiers in the previous three rounds; preparing to play some fiendish piece of Chopin or Ravel at 10 o'clock in the morning; and, for many of them, coping with a foreign country, a quaint local dialect, and the fickle Yorkshire climate.

Much of the enjoyment of attending such a competition comes from matching wits with the glittering array of musical talent and experience in the international jury, and there is no denying the great pleasure we all had of nurturing our own particular favourites through the competition. There is, of course, a similar if more perverse pleasure in arguing the case for a competitor one thought had been unfairly ejected, and in the protracted and rather unproductive arguments over the philosophy of musical interpretation. Add to this the camaraderie which must develop when you are sitting close-packed on hard chairs for 10 hours a day, listening to 14 renditions of Liszt's "Dante" sonata, and one has, I imagine, a reasonable recreation of the spirit of wartime England.

For me, then, this was a delightful musical diversion from medical studies, and it is all too easy to forget that barring Hollywood fairy stories, which don't seem to happen much these days, winning a prize at Leeds or one of the other great piano competitions is the only way a young pianist can be assured of a successful career. Perhaps, after all, I have a better chance of getting through finals next year.—DAVID LEVY (medical student, London).

Outback trip

We arrived in Broken Hill for the start of our trip, our vehicle stacked with spare tyres, petrol, water, and enough food to last about nine days, in case we became bogged down in the desert; I realised that the water was for drinking only and that most of the water holes were dry, so I appreciated what might be my last wash for some time.

During the night it began to rain—a welcome sight for the locals who had seen no rain for months—but an ominous sign for anyone wanting to travel the unsealed roads to the north.

We set off next morning in a downpour. Our object was to reach Birdsville, just over the Queensland border, and then return south on the Birdsville Track, the stock route used by drovers to bring cattle to Marree, in South Australia. After an hour or so, we began to meet vehicles heading south. It was impossible to determine their shape, so obscured were they with red mud, but they were all of the four-wheel-drive variety. Tentatively, we asked about conditions further north, but received varying reports, according to the mood of the drivers. We skidded and slid, used low ratio, and locked the differentials to reach Packsaddle, Milparinka, and Tibbooburra.

We camped by the side of the track that night. There was plenty of wood for a fire, the rain had stopped, and we ate reconstituted stew out of a packet and boiled the billy. The dingoes howled around us and we saw some wild cats. The following evening our son shot some rabbits, and we dined off rabbit stew washed down with a South Australian red. The day had been hot but we found a small water hole and had a swim.

We crossed the Cooper at Innamincka and were then in unknown country, heading for Cordillo Downs Station. The girls wanted fishing lines, which we had forgotten, but we improvised using thin nylon

rope, bent safety-pins for hooks, and spanners as sinkers. The fish were biting, and even our 11-year-old caught 16 bream. She provided the first casualty with a barbed fish hook deeply embedded in her hand. We operated with a pair of pliers.

We camped for the next two days at some beautiful lakes, and some unsuspecting ducks ended up in our cooking pot. This was the country that killed the explorers Burke and Wills, and yet we were managing to live off the land. Admittedly there were no rabbits in the 1860s in Australia, but it is hard to believe how one would starve to death here.

At night, with a rush of wings, a flock of pelicans came in to fish, and we heard two barking owls. In the early morning, a mother emu brought her chicks to investigate us, as we lay in sleeping bags around the dying fire. Kangaroos observed us from a distance.

There are few places in the world where you can travel hundreds of miles with no sign of civilisation, and where you can still camp wherever you happen to finish your day's journey. Australia is one of them.—MARGARET HOLLANDS (general practitioner, Orbost, Victoria).

Far Eastern holiday

"The turtles," remarked the motel receptionist, "won't come if it's raining."

The Chendor Motel, near Kuala Terengganu on the East Coast of Malaysia, is a quiet, unassuming hostelry, off the beaten track, whose claim to fame is that its beach happens to be a hatching ground for giant leatherbacked turtles. Between May and September the females leave the sea by night and clamber up the beach to lay forty or fifty eggs in the sand.

The evening started with rain, which eventually stopped, leaving a humid, pitchy blackness. The tourists waited on their verandas, while the locals hunted silently up and down the dark seashore under the tall palms.

At last, a figure materialised out of the shadows around our veranda, pushing a bicycle.

"There is a turtle!"

I gathered my wits and camera, and prepared to follow.

"But first, you pay me. Five dollars."

I thrust the notes into his hand, and he wheeled away, preceded by the glimmer from his bicycle lamp. I struggled along behind, camera bumping. We made for a pool of light, which as we drew near resolved into a quietly murmuring circle of people, lit dramatically from below, surrounding the greenish hump of the turtle's shell. Three or four men squatted around, playing the light from their torches over it. Locals and tourists alike stood behind them, watching the animal laying her eggs, each white ellipse falling on to the pile growing in the sand.

Eventually the laying was finished, and the turtle proceeded to bury her eggs with jerky but powerful sweeps of her flippers. Then she heaved herself up out of her sandy hollow, to start the trip down to the safety of the sea. Her wizened head craned upwards as she surveyed us mildly with her large sad eyes, one with a barnacle above, like a quizzically raised eyebrow.

With a sibilant grunt, she launched herself forwards, shuffling forwards for a few yards before stopping to rest, her head sinking to the ground in exhaustion. The village boys bullied her into renewed efforts with encouraging shouts and hearty slaps on the shell; and so she progressed slowly down the beach. Then, sensing the nearness of the water, she gathered herself, slithering down into the sea, and sliding under the waves with scarcely a splash. In a moment she was gone: escaping thankfully from the voyeurs who had invaded her privacy.—A C MARTIN (GP trainee, Hong Kong).