operation in Thanet had fallen from around a year to six months.

This type of scheme cannot replace other organisational measures to increase the regular throughput of cases, but when large waiting lists exist it is a practical way of reducing them. The details of the scheme were considered by the medical defence societies, which accepted that the arrangements provided an adequate standard of care. Using the hotel increased the bed capacity during the project from a possible 115 nights in the ward to over 400 nights. Also, it provided comfortable accommodation for the patients, nurses, and medical staff. Overall, the scheme represented an intermediate stage between day case procedures and traditional NHS treatment.

Four months after the project a postal questionnaire was sent to the patients, 95 of whom completed it. In response to the question "If you had to have another cataract operation would you prefer on the four days after the operation to stay in hospital, stay in a hotel, return home and visit a hospital daily, or return home with daily visits from an eye nurse?" 73 patients said that they would prefer to stay in a hotel as they had done in Operation Cataract. Eight said that they would prefer to be treated in hospital, four that they would prefer to go home after the operation and be treated

daily at the hospital, and two that they would prefer to stay at home and have an eye nurse call daily. Eight patients did not have a preference.

Preliminary costings suggest that this type of scheme offers economic benefits to health authorities. A smaller variant, with perhaps 15 patients having operations on a Friday and then staying the weekend in a short stay ward or at a local hotel, might be used. As most patients awaiting cataract operations are over 70 years old they should be operated on as soon as possible, and innovative schemes such as the one we have described should be considered by other health districts with long waiting lists.

We thank the many organisations and people who provided practical and financial help. The participating surgeons were Mr R H J Darvell, Mr J Snow, Mr N Andrew, Mr R S Edwards, and Dr S Rassam. The photographs were provided by David Rogers.

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How To Do It

Look after a visiting speaker

Patrick Hoyte

In the course of my work for a medical defence organisation I have lectured around 150 times over the past five years. Some of the audiences have been non-medical—for example, health economists, nurses, administrators—and some have been students, but most of my speaking engagements have been to medical audiences of one sort or another—postgraduate societies, BMA divisions, courses for trainee general practitioners, courses for family planners, specialist symposia.

Anyone accustomed to this sort of regular lecture circuit will be well aware of the immense variety of venues, hosts, and hospitality. While the venue itself may not be too important, provided one has been given the information to find it at all, some standards of hospitality leave a lot to be desired; although I am happy to say that the really bad examples are very much in the minority.

Two disasters . . .

In February 1988 I was asked to speak to an evening meeting of a medical group in the midlands. I specifically asked the organiser for a slide projector to be made available and went ahead with travel arrangements, including a hotel booking. When I arrived at the venue after a 97 km drive, I found that the meeting had been cancelled because there was no projector and that the organiser had sent only a deputy to apologise. Given an audience I could, of course, have spoken perfectly well without visual aids but was not consulted, although the cancellation had been announced only earlier the same day. No offer of a lecture fee or travelling or subsistence expenses was made.

Six months previously I had spoken to a specialist symposium at a major teaching hospital. There was no

one to meet me when I arrived as the organiser was listening to the previous speaker. The promised meal was almost all gone and was in any case cold, and there were no clean plates, cups, or cutlery. The previous speaker exceeded his time by about half an hour, and it was another 20 minutes before the visual aids (in this case a video recorder) could be made to work for my own presentation. Even though it was an evening meeting, no lecture fee or travelling expenses were paid.

. . . and a triumph

The following evening I was contracted to speak to a postgraduate society in Lincolnshire. A map of the town and of the hospital were sent to me, and a parking space was set aside; the organiser and the postgraduate secretary were waiting in the doorway to greet me; I was offered an excellent meal and choice of drinks and placed with pleasant company; I was even shown the "gents" without having to ask. The meeting itself went well, the large audience asked a lot of stimulating questions, and informal discussion went on for some time after that. A lecture fee and travelling expenses were paid, and I received a pleasant "thank you letter" from the postgraduate tutor.

Do's and don'ts

The examples I have given are clearly opposite ends of a large spectrum, but I do not doubt that the "disaster" organisers would have been quick to criticise if my presentations had attained only the standards they apparently set for themselves. I therefore put forward the following slightly tongue-in-cheek aide-mémoire for the benefit of those who wish to invite a visiting speaker and who want to look after

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him or her properly. Needless to say, I have my own blacklist of venues; I hope that some of the organisers concerned will recognise where they themselves have gone wrong.

(1) The initial letter of invitation should give basic information about the requirements and current level of knowledge of the likely audience and set out the format of the proposed meeting—duration of talk, degree of formality or informality, time allowed for questions, other speakers and their subjects, panel discussion.

(2) The size of the prospective audience should also be given. Speakers are understandably aggrieved if they give up an evening (or indeed any other period of time) and find only a handful of people present. If the attendance is likely to be small and the speaker is told in advance, he or she may well wish to refuse the engagement. My own threshold is around 20 to 25, but I appreciate that this information is hard to come by and that many organisers are not prepared to commit themselves on this point.

(3) A follow up letter a week or two before the meeting should include directions to the venue. The correct motorway exit is always useful, together with any inside knowledge about the town's inevitable one-way system. For large hospitals, a map showing the position of the lecture theatre is often necessary. Parking problems should be identified and a temporary permit provided if a formal system operates; no lecturer at the end of a hard evening wants to find that his car has been wheel clamped.

The speaker should be told if a meal is to be provided (before or after the lecture) or whether he or she is expected to fend for him or herself en route. He or she should also be told if the catering is in any way idiosyncratic—as a confirmed carnivore I find compulsory nut cutlets pretty depressing and I suppose that vegetarians must have the same problems, although perhaps more often.

(4) On the day, the organiser should arrive at the venue before the speaker; it is perhaps surprising how often this does not happen. If the organiser cannot attend the name of his or her deputy should be sent to the speaker in advance.

(5) Before the start of the meeting, the speaker should be introduced informally to a few selected members of the audience so that he or she starts off feeling welcome and in pleasant company. No speaker should be left standing on his or her own in a corner or with only a drug company representative to talk to. Nor should the speaker be saddled with the postgraduate society's most awkward or paranoid member whom everyone else is trying to avoid.

(6) If there is no meal attached to the meeting, the speaker should at least be offered a cup of coffee and perhaps a sandwich before or after his or her performance, or both. The distance travelled may have been considerable and perhaps a meal had to be missed to fit in with the timetable. He or she should be given the opportunity to visit the toilet before starting. There is nothing worse than getting half way through a planned lecture and feeling that you should have "gone."

(7) When introducing the speaker, the chairperson should be sure about the correct pronunciation of the surname and should also add a first name. It is profoundly discourteous to introduce "Dr Smith" or worse "Dr J Smith" when a single inquiry would allow "Dr John Smith" to be used. A little bit of background biography is also easy for the chairperson to elicit; it is helpful for an audience to be told something of the speaker's credentials.

(8) The speaker will have indicated what is required in the way of visual aids. The organiser should have

checked that these are available and in working order and should know which buttons operate the equipment and lights in the lecture theatre.

(9) The chairperson should have a couple of prepared questions "up his sleeve" in case the discussion period after the formal lecture is slow to get going.

(10) Speakers supported by a major company do not always expect a lecture fee if lecturing is part of their job, but if the engagement is outside normal working hours their goodwill in this respect should not be assumed without due consideration. Doctors from within the NHS who lecture "for love" should certainly receive a proper fee and should be told of the amount in advance. The same criteria apply for the reimbursement of travelling and subsistence expenses.

If several doctors appear on the same programme they should all receive the same fee. Speakers naturally tend to congregate together and it is highly embarrassing for one to find that another is receiving a higher (or lower) fee.

(11) If the meeting has been successful the organiser should send a brief "thank you letter." This simple courtesy particularly applies if no fee has been offered or if a cheque for a relatively small amount will take three months to arrive from an anonymous NHS or university finance department.

(12) Lastly, the organiser should always remember that the speaker will have had to work hard to prepare the lecture and that he or she may well have had to travel a considerable distance to deliver it, at some personal inconvenience, and the loss of home comforts. The organiser therefore has an obligation to treat the speaker with courtesy and a duty to provide a sizable, alert, and inquisitive audience.

ANY QUESTIONS

What are the daily calcium requirements for menopausal women? If calcium supplements are given should the dose vary depending on whether the person lives in a hard or soft water area?

Until recently the recommended daily calcium intake for adults was 500 mg, rising to 700 mg in adolescents and 1200 mg for pregnant and lactating women, but it is now recommended that an adequate calcium intake is around 1500 mg daily throughout life. To treat established osteoporosis in menopausal women 1500 to 2000 mg of calcium daily are recommended together with vitamin D, possibly sodium fluoride and oestrogen (with or without progesterone depending on the presence or absence of the uterus). Although drinking water can provide up to 200 mg of calcium a day, the total amount is insufficient to require any variation of calcium supplementation doses.—T E T WEST, consultant physician, Shrewsbury

Phytic acid contained in raw bran is said to interfere with absorption of calcium and other minerals. Does boiling bran—for example, in porridge—destroy phytic acid? If so, how rapidly?

Phytic acid (hexaphosphorylated myo-inositol) is a powerful mineral chelating agent that occurs naturally in cereals, legumes, and nuts and forms insoluble complexes with several inorganic nutrients in the gut. The compound is fairly resistant to heat at the temperatures used in conventional cooking, being only partly destroyed by boiling. Some leaching into cooking water is likely to occur, but in the case of porridge and soups this material would be consumed in the final product.—IAN JOHNSON, Institute of Food Research, Norwich