

concentrate available resources into fewer and larger units."

Mr. Roper's report was dealing with the office of Health Economics' latest publication *Building for Health*. This well-considered document, the result of wide-seeking research, seriously challenges the concept of huge hospitals and suggests that resources would be better employed in the development of about 1,000 community care units. Any one properly interested in the future pattern of hospitals (and therefore in the future pattern of medical care because the two are intimately related) would know that the subject is very much open and the decisions involved are ones that will profoundly affect all of us, both as doctors and as potential patients for the next half century or more.

May I ask, therefore, through your columns if the originator of this press pronouncement will reveal himself, and also the authority on which he bases his "wisdom." His pronouncement as quoted by Mr. Roper is at best irresponsible, and perhaps he will see fit to withdraw it.—I am, etc.,

R. M. EMRYS-ROBERTS.

Chairman,
Association of General
Practitioner Hospitals.

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**The Secretary informs us that the B.M.A. issued a comment on the report *Building for Health* which gave full weight to the importance of small peripheral hospitals. One paragraph of the comment read: "The immediate practical problem we have to face is one of the shortage of trained manpower and specialized equipment. The wisest policy in the circumstances is the concentration of available resources into fewer larger units. Of course the district general hospitals must be supported by smaller peripheral hospitals, which can accept patients whose need for admission is social rather than medical. Such hospitals provide valuable backing for primary medical care." The B.M.A. cannot expect that all newspapers should publish all its statements in full. In this instance only one sentence was published so that only one side of the case was given. The B.M.A.'s views on the subject are given in the Annual Report of Council, under the heading "Functions of the District General Hospital" (*Supplement*, 18 April, p. 74).—ED., *B.M.J.*

Profession, Press, and Television

SIR,—May I support Mr. John Roper's plea (18 July, p. 161) that we all, doctors and newsmen, see that good comes of the scientific meeting session on the profession, the Press, and the public (11 July, p. 95)?

It will anyway. I think all of us present were shocked by the wounds bared by the openers of the discussion, and the case histories they unfolded. They were, of course, less than fair where they generalized and in their lack of understanding of the difficulties of reporters in obtaining news, not next week or tomorrow but tonight, sometimes without the co-operation of, sometimes in face of obstruction by, the doctors and scientists concerned. But at least we on the Press side can never again plead ignorance of some of the things which trouble the scientists and doctors.

So let Harrogate be but a beginning—of

education of each other. There is truly much at a simple but important level which doctors should learn about the mechanics of informing the public of what they are about.

We must know each other better. Doctors who did know the pressmen present at Harrogate were good enough to differ from some of the assessments made by the openers. With knowledge will come comprehension of the job we are trying to do, understanding that we too have our difficulties, and eventually, it is to be hoped, co-operation.

Perhaps if a lull comes its way the B.M.A. could convene a one-day conference where doctors and Press could answer each other's questions. Alternatively, it might set up a small committee, representing the two sides, which could further the process of education by issuing a statement mainly of information. Let us somehow carry Harrogate forward in a positive and constructive way.—I am, etc.,

JOHN PRINCE.

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Daily Telegraph.

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Folate and Vitamin B₁₂ in Epilepsy

SIR,—This is your second leading article on the subject in 18 months (27 June, p. 744). In a previous letter¹ it was pointed out that on the evidence available it could not definitely be stated that giving folic acid to patients with epilepsy precipitated seizures. The passage of time has not altered the

situation. Studies, such as those by Dr. C. Neubauer (27 June, p. 759) are uncontrolled, so it is difficult to draw any conclusions from them. When double-blind trials are done the results tend to show that folic acid has no significant effect on behaviour or fit frequency.^{2,3} Jensen and Oleson⁴ claim that in spite of the subnormal serum folate levels there is no true folate deficiency state, but that the lack is the result of a larger turnover in the organism of substances requiring folic acid for their metabolism.

Investigations have so far concentrated on the possible short-term results of anti-epileptic drugs depressing the serum folate and vitamin B₁₂ levels. Further trials may prove or disprove the effects on behaviour and fit frequency of giving these substances, but there is another aspect of this problem that must not be forgotten. What may be the effect of low levels of serum folate lasting for a number of years? For instance, can this possibly contribute to the very gradual deterioration in the intellectual state of some children with epilepsy who have been given large amounts of treatment and have not necessarily suffered from frequent or severe seizures?—I am, etc.,

NEIL GORDON.

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Pendlebury, near Manchester.

REFERENCES

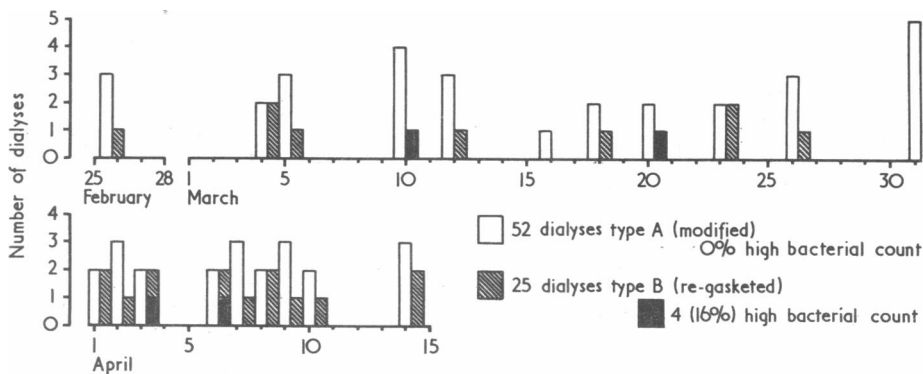
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Dialyser Gaskets

SIR,—Since our previous investigation (18 July, p. 135) we have had the opportunity to examine the bacterial colonization of Kiil dialysers fitted with loose rubber gaskets. Several dialysers of type A were fitted with this modified system and at the same time a similar number of dialysers of type B with cemented-in gaskets were all carefully re-gasketed with special attention to the elimination of voids under the gaskets. Both types of dialyser were simultaneously put into routine use on the unit, and a proportion of the dialyses monitored bacteriologically over the following two months by culturing dialysate entering and leaving the dialyser towards the end of dialysis. None of the samples of dialysate entering the dialysers showed any elevation of the bacterial counts above that of our water supply (up to 15 organisms/ml.). We considered any elevation of the effluent count above this level to indicate bacterial growth in the

dialyser (see Figure), although in our previous investigation we only recorded dialyser effluent counts in excess of 10⁵ organisms/ml. Of the effluent samples from dialysers with loose gaskets (type A modified) none had counts greater than 15 organisms/ml. Four of the effluent samples from dialysers with cemented gaskets did have elevated bacterial counts (1.5 × 10³; 4 × 10²; 2 × 10², and 50 organisms/ml.) although none of these were great enough to be associated with clinical reactions.

We have examined the gasket channels of these dialysers after three months' use, at the conclusion of a dialysis, and after drying by the same technique as previously. The cemented-gasket channels yielded quite heavy growths of mixed Gram-negative bacteria, but the channels with loose gaskets were completely sterile. A single dialyser with a second type of loose gasket system from another manufacturer (type C) has



also been examined. This has a differently designed blood port gasket, and we found that although this is a loose gasket system bacteria tend to collect and survive beneath the blood port gasket in considerable numbers. This gasket was much more difficult to remove than the other type and was probably not removed so regularly when the boards were disinfected.

The use of loose gaskets has largely removed the sequestration of bacteria in the gasket channels. Thus there is a reduction in the bacterial challenge to the disinfection techniques, and, as these techniques will always suffer from the possibility of incomplete access of disinfectant either to the dismantled boards or to the assembled dialyser, there follows an improvement in the bacteriological state of the prepared dialyser and a reduction in the likelihood of bacterial proliferation during the subsequent dialysis.

We wish to thank Watson Marlow Ltd. and the Department of Health and Social Security for arranging to modify our dialysers. This work was supported by a research grant from the Manchester Regional Hospital Board.

—We are, etc.,

B. M. TOBIN.
A. J. RALSTON.
D. M. JONES.

Withington Hospital,
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Who Should Do Psychotherapy?

SIR,—The answer to your leading article (13 June, p. 617) "Who should do Psychotherapy?" seems obvious. Psychotherapy can only be carried out efficiently by those who have undergone some form of analysis themselves, however shallow, followed by specific training in the techniques involved. Many psychiatrists have neither time nor opportunity to undertake courses such as those offered by the Institute of Psychoanalysis or the Association of Psychotherapists. Nevertheless, psychiatrists (and clinical psychologists), whether trained or not, have to undertake an amazingly wide task in the field of mental health.

The fact that in the example quoted from the work of P. Hopkins¹ only 30% showed improvement out of a total of 81 patients referred to Health Service psychiatric clinic, is hardly a condemnation of the techniques used. Not every patient treated with medicine or by surgery improves, and these are old and studied sciences. Psychotherapy is new, and to determine whether such a new science is worth exploring is to ask whether the health of any individuals, who cannot be treated by older methods, can be improved by use of the newer techniques (provided the basis for these is intellectually and ethically sound).

It is not expected that every person suffering from physical disease shall be made well through seeing a doctor; even less should it be expected that every person suffering from mental ill-health should be healed by seeing a psychotherapist.—I am, etc.,

JILL MOOR.

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REFERENCE

- ¹ Hopkins, P., and Cooper, B., *British Journal of Psychiatry*, 1969, 115, 1163.

Illustrated Lectures

SIR,—At the risk of encouraging lecturers to attempt to set up new records, I wish to question the claim by Dr. C. F. Hawkins (11 July, p. 108), that a lantern slide seen by him to contain 560 facts was a record. At a recent London lecture at a course organized by a distinguished body I saw a slide which contained 1200 figures and 29 words and 31 letters (abbreviations).

I cannot say whether these words were facts because it was not possible to read them.—I am, etc.,

R. S. ILLINGWORTH.

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Ototoxicity from Aminoglycoside Antibiotics

SIR,—A number of published reports have drawn attention to the hazard of ototoxicity following the administration of the aminoglycoside antibiotics (neomycin, kanamycin, streptomycin, dihydrostreptomycin, and gentamicin). Auditory damage has been recorded following long-term oral administration in hepatic disease associated with impaired renal function,¹ colonic irrigation,² intrabronchial administration,³ and the irrigation of a bedsore.⁴ Absorption from raw granulating areas treated by either sprays or topical dressings or by direct application to exposed tissues during surgical procedures could be sufficient to produce toxic blood levels.

The Committee on Safety of Drugs is anxious to assess the importance of this problem. The Committee invites information regarding any instance of ototoxicity suspected to be due to the administration of aminoglycoside antibiotics. For this purpose doctors may find it convenient to use the Committee's pre-paid yellow card.—I am, etc.,

D. MANSSEL-JONES,

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London S.W.1.

REFERENCES

- ¹ Last, P. M., and Sherlock, S., *New England Journal of Medicine*, 1960, 262, 385.
² Fields, R. L., *Archives of Otolaryngology*, 1964, 79, 67.
³ Fuller, A., *Lancet*, 1960, 1, 1026.
⁴ Kelly, D. R., Nilo, E. R., and Berggren, R. B., *New England Journal of Medicine*, 1969, 280, 1338.

Teaching Doctors Nutrition

SIR,—Dr. W. R. Thrower (11 April, p. 69) drew attention to the negligible part played by doctors in teaching their patients the little they seem to know about nutrition. Perhaps this is not surprising, as medical students in Britain have few opportunities to learn the subject. So far as I am aware there is no one in any of our medical schools specially charged with this responsibility. There are several distinguished medical nutritionists sheltering under other titles, but it is difficult for a discipline to achieve its rightful place in the curriculum without having some formal status. The ranks of the

Nutrition Society are practically devoid of researching and teaching clinicians.

As we have found over the past eight years in Beirut, the ideal to aim at seems to be an integrated approach spear-headed by a teacher with specialized training participating in the teaching in the departments of biochemistry, physiology, pathology, medicine, paediatrics, and preventive medicine.

The broad scope of medical nutrition is insufficiently appreciated. A personal scan of the *B.M.J.* for the past six months revealed that of the topics covered in 137 editorials, 255 papers and memoranda, and 359 letters on technical subjects approximately 11%, 15%, and 10% respectively were of distinct nutritional interest. No young physician can be considered equipped to face his patients and the public without a thorough grounding in the principles of human nutrition, the diseases of undernutrition and overnutrition, the role of diet in other diseases, and nutritional aspects of community health.

Perhaps the newly reorganized British Nutrition Foundation could see itself as having a responsibility and an opportunity here to serve the medical profession and the public.—I am, etc.,

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Beirut, Lebanon.

Consultancy in Radiology

SIR,—I am writing to you about the letter by Dr. R. Eban (20 June, p. 736) regarding the advertisement for a consultant radiologist in East Anglia.

In 1958 the Faculty of Radiologists drew up notes for the guidance of regional boards when considering applicants for consultant posts in radiology, and the following is an extract from those notes: "Before achieving the status of a consultant in Diagnostic Radiology a medical practitioner should ideally hold the Fellowship of the Faculty of Radiologists."

In 1970 the Faculty of Radiologists held a general meeting of Fellows (of whom Dr. Eban is one) to consider a memorandum on education and the examination structure in radiology, and the following is an extract from that document: "The Fellowship of the Faculty of Radiologists is considered to be the higher qualification required in British Radiology and must in due course be a pre-requisite to appointment as a consultant in either Radiodiagnosis or Radiotherapy."

Diagnostic radiology is a shortage specialty at the present time and it is well recognized that the ideal cannot always be achieved. However, the Faculty of Radiologists cannot be criticized for aiming at achieving the highest standard of excellence when giving advice on the staffing of hospitals in this country, and it is glad to have the co-operation of regional boards and boards of governors in striving to achieve this standard.—I am, etc.,

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Warden,
Faculty of Radiologists.

Medical School,
Bristol.