medical staff who become involved were devised.—I am, etc.,

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**The Secretary writes: "It is not correct that the consultant pockets the money" for services by junior medical staff to patients in pay beds. The Pay Bed Regulations require the hospital to levy a charge which covers all the services provided except those which are given by any part-time hospital doctors in attendance on the patient. Thus the hospital charge (currently £102 per week in a London teaching hospital and £71 per week in a provincial non-teaching hospital) covers any services provided by whole-time medical staff, both senior and junior. It is the private patient (not the part-time consultant) who "has purchased the entire services of the NHS." The negotiating subcommittee of the Central Committee for Hospital Medical Services has agreed in principle to a revision of the contracts of junior staff to take private practice into account, and has requested the Hospital Junior Staffs Group Council to prepare a paper on the subject."—ED., *B.M.J.*

Job Hunting—Why Not Emigrate?

SIR,—Please may I be allowed to comment on the present deteriorating situation in obtaining jobs for qualified persons?

I could not agree more with Dr. Paula J. H. Gosling, and Mr. A. J. Miller (11 September, p. 638) regarding the job hunting problem. Recently I appeared in five interviews for a registrar position and had to take long journeys each time at short notice. I was turned down because I was over-qualified and too experienced for the posts. What annoys me are the questions like "Why didn't you apply for a senior registrar's post; our present registrar has less experience than you?" My obvious reply was that I had made over 100 applications with no luck. They also ask "Why do you want this job; it isn't suitable for you?" Why call us for interview? Is it fair when they know they are not going to take the candidate who is too qualified? I think these questions do not apply at all to the suitability of the candidate. It merely causes harassment and it is annoying as well.

Last week I went for interview at Leicester Royal Infirmary. One of the senior consultants asked me why I did not emigrate to Canada or America. I do not take a long journey to hear this sort of advice from a man sitting in an advantageous position on the opposite side of the table. One only feels frustrated and annoyed. It is high time this was stopped and careful consideration was given to the matter, since either you are over-qualified for a registrar post or there are too few senior registrar posts. So why not emigrate?—I am, etc.,

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Flatulence

SIR,—Your erudite leading article (11 September, p. 595) rightly describes flatulence and abdominal distension as the bane of the gastroenterologist, but it suggests that the physician may be mistaken in accepting these complaints as functional and due chiefly to swallowed air. May I please submit that the current view is, however, correct. The leader does not clearly distinguish the belch from the fart. The interesting experimental work concerning infusion of the alimentary tract by the gas argon and collection of flatus from the rectum relates to the latter, whereas the clinician is mainly concerned with the former.

Aerophagy depends upon a faulty physiological idea. The layman diagnoses his discomfort—whether nervous or from an ulcer—as caused by "wind." Efforts at eructation result in air being swallowed; the subsequent belch, especially when flavoured by the aroma of a preceding meal, is regarded as signifying faulty digestion, or even believed to be marsh gas derived from fermenting food!

When excess gas is present in the small intestine, as in malabsorption or ileus, an organic diagnosis is rarely in doubt. Moreover, patients with bloated bellies seldom, in fact, complain of flatulence or attempt to move "the wind" by eructation—in contrast to aerophagists whose vociferous complaints of distension are usually unaccompanied by any change in abdominal contour.—I am, etc.,

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Psychogeriatric Care

SIR,—We disagree with Dr. L. G. Nicol (21 August, p. 478) when he doubts the value of special residential homes for old people with mental infirmity. This view is contrary to our individual experiences in Cornwall and in Nottinghamshire over a number of years.

The first purpose-built home of this kind in Britain, The Green, at Redruth, was opened in 1963. Our concept was not as Dr. Nicol suggests "A means of taking some of the pressure off the ordinary homes and also off the psychiatric and geriatric hospitals." It was envisaged as part of a comprehensive service involving the hospitals and local authority which would provide the most appropriate environment for the continued care of old people with irreversible psychiatric disturbance not serious enough for them to need inpatient hospital care. Patients of this type, however, are often unsuitably placed in ordinary residential homes, giving rise to a disruptive influence among the remainder of the patients and the staff. We suspect that Dr. Nicol's problem patients had deteriorated to such an extent that they required transfer to an appropriate hospital for inpatient care.

We have found both in Nottinghamshire and Cornwall that adequate assessment of these patients is essential before a decision is made as to the facilities which are most appropriate for the particular individual. Once a decision has been made that an elderly patient must leave his home environment, then a period of observation in a specialized geriatric or psychogeriatric hospital unit with appropriate facilities is essential. A rational decision on the type of further care required can be made only when underlying factors amenable to therapy have been dealt with, the intellectual and physical capacity properly assessed, and the pattern of irreversible disorder elucidated. It is our first-hand experience that many of the elderly patients admitted to assessment units may be ultimately discharged to their own homes or to ordinary local authority welfare homes. We have found that up to 50% of the remainder who need continued care because of the dementing process may be more appropriately placed in the domestic environment of the special residential home for the mentally infirm than in a psychiatric hospital.

The cost per resident per week, for The Green for 1970/1 was £11·81; this is considerably less than the cost of hospital care and than the figure quoted by Dr. Nicol. The residents concerned, although to a greater or lesser degree demented in many cases, are without doubt still in touch with the community and in many senses a part of the community. Should these residents become so disturbed, demented, or physically incapacitated that they cannot benefit from these specialized surroundings, then they should be transferred to the appropriate hospital for further treatment and care.

We submit that there is everything to commend the idea and the practice of establishing special homes for the elderly mentally infirm. Their success, however, is totally dependent on collaboration and integration between local authority and hospital services.—We are, etc.,

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Pensions and the Abatement Rule

SIR,—Mr. E. D. O. Campbell's letter (21 August, p. 481) prompts me to outline the ludicrous situation arising from the abatement rule as it affects myself and the parlous position of the casualty department in the general hospital with which I have been associated since my retirement in 1965.

There have been no applications for two vacant junior posts and a crisis in the department looms near. In an attempt to preserve the availability of an accident and emergency service to the public the administration is seeking a locum tenens (medical assistant) for six months.

The position I wish to emphasize is this: here am I, physically fit and experienced in the work, anxious to help, and readily available. But I dare not exceed my quota of earnings based on my pension which is the average of three years' salary immediately prior to retirement. Having already helped out now to the limit permissible without financial loss to myself, I must perforce decline further tours of duty. No matter how reasonably public spirited one happens to be, surely the Secretary of State for Social Services cannot expect one to continue to work at personal financial loss, even if it means closure of a casualty department? It should be widely known that this iniquitous rule means that the public stand to be deprived of a service for which this same Minister is responsible.—I am, etc.,

DANIEL LAMONT

Grimsby,
Lincs