The admitted incidence of alcoholism in the males was 27 cases (75%) and in the females 15 cases (48%). The actual incidence of alcoholism is almost certainly higher than this as many alcoholic patients, particularly women, are very anxious to conceal the truth.

In Boston, Massachusetts, the proportion of alcoholic cirrhosis was given by Garceau and Chlamers³ as 83% (87% of males and 68% of females) and it has been considered that the aetiological factors of cirrhosis in the U.S.A. differ from those in Britain. But my experience in Liverpool is closer to that reported from Boston than from London and Birmingham. It would be interesting to hear the observations of physicians in other regions of this country.—I am, etc.,

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¹ Sherlock, S., *Diseases of the Liver and Biliary System*, 4th edn., p. 403. Oxford and Edinburgh, Blackwell, 1968.

² Stone, W. D., Islam, N. K. R., and Paton, A., *Quarterly Journal of Medicine*, 1968, 37, 119.

³ Garceau, A. J., and Chalmers, T. C., *New England Journal of Medicine*, 1963, 268, 469.

Medical and Social Problems

SIR,—In "Second Opinion, Please" (28 October, p. 224) an experienced general practitioner requests the admission of a patient to hospital. The consultant geriatrician ("Bobby"), who apparently knows the general practitioner ("Graham") very well, declines to do so without a report from the hospital social worker.

This appears to represent an astounding lack of trust in the judgement of a colleague, which I certainly hope does not spread to other fields of medicine. Surely a "second opinion" could have been more reasonably provided by the offer of a domiciliary consultation. The social worker's visit was entirely unproductive in judging the necessity for admission.—I am, etc.,

R. E. W. OLIVER

London W.13

** Dr. Oliver sent a copy of his letter to the authors of the "Second Opinion, Please" he comments on, so it is possible to print their reply below.—Ed., B.M.J.

SIR,—Dr. Oliver has a valuable point, but he misses the one that we were trying to make.

Where a request for admission to the geriatric unit is made on medical grounds—that is, for the investigation and treatment of the patient herself—then immediate admission is offered as with all other hospital departments. Where, however, admission is requested primarily on social grounds—that is, for the relief of other people rather than for the treatment of the patient herself—then there is always a social problem which requires expert assessment. Long experience has convinced us that in this situation a social worker can help more than a doctor. Moreover, on the south coast, or Costa Geriatrica, there are many private old people's homes and nursing homes. These can often be used to save a hospital bed and the social worker is often the best judge of this.

We would agree with Dr. Oliver that when an admission to the geriatric unit is

requested on medical grounds preliminary screening by a social worker is not necessary.—We are, etc.,

G. M. HUNTER
R. E. IRVINEBexhill-on-Sea
Sussex

SIR,—I should like to add a comment to the admirable report on the medical and social problems of two elderly women (28 October, p. 224). Dr. Graham M. Hunter's patient, aged 78 and subsequently found to be suffering from pernicious anaemia, ascribed her symptoms to "old age." These were abolished by correct diagnosis and treatment of a pathological condition. Her sister's case illustrates the same point: an incontinent, senile woman, she responded favourably to treatment for hypothyroidism and her decline into "old age" was checked.

These women were fortunate in having an interest taken in their medical and social problems. There must be many elderly people, however, who accept all manner of physical and mental infirmities as signs of old age and who do not trouble their doctors until some catastrophe overtakes them. But in this day and age it is as bizarre to ascribe to old age itself ills and disabilities accompanying it as it is to ascribe schizophrenia to being possessed by the devil. The elderly need to be enlightened about the potential which they possess for general improvement in health, for recovery from illnesses and operations, for rehabilitation—the potential upon which the whole fabric of geriatric medicine is built. Thus enlightened, they may become less likely to neglect their health; I doubt whether many will become hypochondriacs. Perhaps the gloomy prognostications about the ever-increasing numbers of geriatric beds will then prove wide of the mark. Pathological ageing is manifest everywhere, and much of it is preventable and curable; physiological ageing is very difficult to track down. Ill health and old age are separate entities, but in the lay mind they are confounded through ignorance and tradition. I would suggest that it is time to diminish the ignorance and to review the tradition.—I am, etc.,

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Amniotic-membrane Rupturer

SIR,—"Blind" artificial rupture of the amniotic membranes using the traditional Koche's forceps can occasionally be a rather difficult and traumatic procedure. With this in mind, a small digital instrument (see Fig.)

has been devised that has proved very useful in this procedure.

The instrument is slipped on to the middle finger, which is then passed through the

cervical os. The membranes can then be felt against the tip of the finger and by a single movement the point of the instrument can be made to rupture the membranes. The instrument has been produced and is available from Down Brothers, Mayer and Phelps Ltd.—I am, etc.,

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Unusual Bullet Embolus

SIR,—Bullet embolization is rare. Habein and Christensen¹ recorded 30 cases from the literature, and Fattah and others² reported a bullet embolus of the profunda femoris artery in a man who survived for 10 days after sustaining a penetrating gunshot wound of the heart. Embolization of the bullet occurs when the missile gains access to the blood stream by penetrating the heart wall or the aorta. Of the 29 cases of penetrating injuries of the aorta or the heart analysed by Garzon and Gliedman³ nine survived the original cardiovascular injuries. A common site of lodgement of the bullet is the femoral artery, but it may be carried to the popliteal or even posterior tibial artery. One of us (A.F.) has seen two cases with bullets lodged at the bifurcation of the abdominal aorta. Occasionally, bullets embolize in the arteries of the upper extremities.³ In the following case the bullet lodged in an unusual site.

A 57-year-old man was found dead in a street beside his cab. He had a gunshot wound on the upper lateral aspect of the right shoulder. At necropsy the bullet was found to have passed to the left, slightly downwards and backwards. It had perforated the upper lobe of the right lung and entered the heart through the anterolateral wall of the right ventricle. From the ventricular cavity the bullet was propelled into the pulmonary trunk and carried as an embolus into the pulmonary artery to the lower lobe of the left lung, from where it was retrieved. The bullet measured 5 mm in diameter and 11 mm in length. The cause of death was haemopericardium and haemothorax.

It is important to localize the bullet with the help of radiographs so that it can be removed. If in a case of gunshot wound with no exit hole the bullet is not seen in the radiographs in the general direction of fire additional films of the extremities should be obtained. In non-fatal cases bullet emboli to the extremities may cause severe ischaemic changes leading to gangrene. Repair of the primary penetrating injury of the heart or the aorta should be carefully considered to prevent possible delayed haemorrhage. In fatal cases retrieval of the bullet may help in the identification of the gun used.—We are, etc.,

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¹ Habein, H. C., and Christensen, R. K., *Rocky Mountain Medical Journal*, 1966, 63, No. 5, 36.

² Fattah, A., Shah, Z. A., and Mann, G. T., *Journal of Forensic Medicine*, 1968, 15, 139.

³ Garzon, A., and Gliedman, M. L., *Annals of Surgery*, 1964, 160, 901.

Infections in Hospital

SIR,—In your leading article on this important subject (21 October, p. 127) you rightly comment that it is not possible to