

people ill long enough to outstay the economic use of expensive diagnostic and short-term treatment facilities. Geriatrics has developed rapidly since the advent of the National Health Service because it provides continuing care. I thought this need had been better appreciated by psychiatrists than by physicians. Would it not be a possible solution to the difficulties at Brookwood Hospital (not Brookwood Mental Hospital) if a physician with experience in modern geriatric methods as well as psychiatry were to be appointed? Experience here and elsewhere has shown that the 300 beds at present occupied by the elderly could readily be reduced to between 200 and 250. The staffed wards thus freed would not only clear the present admission unit (the geriatric section would have its own admission ward), but using the accommodation for day-hospital purposes would provide for the increasing number of patients who, when supported in this way, could be discharged or maintained in their own homes.

Senile dementia is a bad diagnosis. The patient's age is both more precise and concise than the adjective senile, and dementia applied in the first few months of a mental illness has often proved incorrect for mentally confused old patients, of whom about one-third later recover their mental balance. Senile dementia implies a fixed state or steady deterioration with hopeless outlook; it gives no indication of needs that may vary from day to day; and it suffers the same drawback as cerebral arteriosclerosis, a pathological speculation of little value during life.

Changing the outlook of hopelessness to cheerful acceptance of service to old people can lead to nursing staff finding greater satisfaction in their work, the very opposite of the low morale pictured in Dr. Emery's letter, for nursing opportunities increase as doctors' power to cure diminishes.

To overcome present difficulties the greater need is not for research but to train geriatricians in the practical modern outlook. There should be more opportunities for registrars in medicine and psychiatry to obtain a year or two's guidance in geriatrics, after which they would be qualified to seek consultant posts. The field for such appointments is wide, and the scope for satisfying service is probably unequalled.—I am, etc.,

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R. W. PARNELL.

SIR,—I found myself thinking, on reading Dr. R. Emery's letter (11 September, p. 643), that I must have written it myself in a moment of amnesia, so closely in all details does his experience in Woking mirror ours in Glasgow.

The cause and possible cure of this state of affairs is not too obvious, however. In my opinion, the situation has arisen because of an overall shortage of beds for the increasing geriatric moiety, acting on the different traditional attitudes of "general" and "mental" hospitals. The mental hospital is, or was, the hospital of last resort—practically and emotionally. Consequently we have never developed the "sorry, full-up" attitude. When someone volunteered, or his relatives

asked, for admission to the asylum we took it for granted that the situation was serious—and public safety was also involved. Relatives used to be pretty desperate before agreeing to "certification," with its implied stigma. The new Mental Health Acts made informal admission the normal route and removed this emotional hurdle, which up till then had partly protected the mental hospitals from the growing tide of mild to moderately confused old people. We are now meeting the flood which washes into every corner. Only when there is a real excess of beds in the total geriatric accommodation will a more rational re-allocation of these old people be possible. Meanwhile, the willing horses will continue to receive the burdens.—I am, etc.,

Gartcosh, Glasgow. J. W. MACPHERSON.

### Whooping-cough

SIR,—I have read with great interest the article on whooping-cough by Dr. Allen T. Wilson and others (11 September, p. 623). It is very encouraging to find general practitioners taking such an active interest in what would previously have been regarded as a "public health" subject, and I would not wish to discourage them. Unfortunately, there are some statements made which display the lack of experience shown by novices in this field, and which I think should be corrected. In particular the statement is made in their conclusions, "Quarantine is still a necessary measure in the control of whooping-cough."

Even allowing for the fact that they probably mean "exclusion from school" rather than quarantine, this is not a justifiable conclusion from the evidence produced. When the first case of "whooping-cough" was diagnosed 28 of the 53 children between the ages of 8 and 12 years attending school were already coughing. It is impossible to say how many of the remainder were already incubating the disease, as the numbers were rising quickly. The article states, "the role of the school as the disseminator of infection stands out clearly," but Table V shows that where there was only one case in a family there were fourteen attending the local school and fifteen not.

Innerleithen is a closely knit little village of approximately 2,000 inhabitants. The "quarantine" regulations were relaxed by the medical officer of health not only because of the high immunization rate but because exclusion from school at the stage when the first case was confirmed and because association outside school would be so close would have made such an action completely ineffective. That "the teachers were in no doubt of the inadvisability of relaxing the quarantine restrictions" is hardly pertinent.—I am, etc.,

Edinburgh 3. JOHN RIDDELL,  
Medical Officer of Health,  
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SIR,—In our rural practice in the Scottish Borders we experienced the same whooping-cough epidemic as Dr. A. T. Wilson and

others (11 September, p. 623). We had 100% immunization in the first year of all children under 10, and found the disease was very much modified in the case of the immunized children. Many cases (including our own family) were really diagnosed only in retrospect. That it was not a mild epidemic was instanced by the severity of the illness in two non-immunized children, one a child of 11 and the other an infant who had not yet received his primary immunization and was infected by older brothers. We have always understood that pertussis immunization does not prevent the disease but only modifies it, and have impressed this fact on parents.

Incidentally our practice has been to give three doses of triple antigen at 4–6 months and follow this at 5 with a booster of D.T.P. only.—We are, etc.,

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A. D. BETHUNE.  
R. A. MARSHALL.

SIR,—The article by Dr. Allen T. Wilson and his colleagues (11 September, p. 623) entitled "Whooping-cough: Difficulties in Diagnosis and Ineffectiveness of Immunization" calls for comment. It is highly important that a report of work conducted in a single locality shall not be allowed to damage the prestige of an immunological procedure of which many experienced workers have proved the overall value. The latter part of the title of the article seems to be somewhat ill-chosen. Some of us have had vastly different experiences.

In the first place the authors suggest they may have been dealing with a strain of *Bordetella pertussis* against which the vaccine employed was not capable of producing antibodies. They also state that a previous attack of whooping-cough gave no adequate protection in this epidemic. That fact alone suggests that there was something unusual about the infecting organism in this area at the time of the observation, and that it would be most unwise to draw adverse conclusions in respect of the overall value of pertussis immunization.

The data I should like to provide are far too numerous to be given here, but if anyone is disturbed by the article may I suggest that a reference to some observations of mine<sup>1</sup> might help in restoring confidence. It would be best to refer to Tables VI, VII, and VIII of that publication rather than to give sketchy figures here.

Finally, one has to remember that the real object of whooping-cough immunization is to protect life and to avoid serious disease during the first year or so of life. One need not be vastly worried about occurrence of the disease in later childhood, when the danger to life and health is relatively negligible. I am completely convinced of the value of immunization of infants with standard pertussis vaccine for materially protecting them against usual strains. If a variant should become prevalent, we must think again.—I am, etc.,

Broadbridge Heath,  
Sussex.

GUY BOUSFIELD.

### REFERENCE

- <sup>1</sup> Bousfield, G., and Holt, L. B., *Med. Offr.*, 1954, 92, 289.