idealistic perfection, our's of the practical care of children.

Finally, a standard dosage regimen recommended for nitrofurantoin is 7 mg/kg/24 hours. For a 2-year-old weighing approximately 12 kg 75 mg per day is not excessive. Not being blessed with foresight, we were not able to foresee the results from Professor de Wardener's department that Dr. Bailey refers to, as these had not been published at the time we drafted our article, let alone at the time we were treating the child concerned.—We are, etc.,

R. H. JACKSON
ANDREW SMITH

Children's Department, Regional Medical Infirmary, Newcastle upon Tyne


Recurrent Urinary Infections

Sir,—I would like to agree with Dr. H. G. Jones (8 April, p. 113) that it is to be regretted that his regional board does not consider it essential to equip the new district general hospitals with tomographic units for excretory urography. Although there are only one or two centres, so far as I am aware, who now use routine tomography during excretory urography, I am certain that this will change soon as more tomography will begin to be considered an incomplete and unsatisfactory examination. In a recent study using routine tomography in 423 excretory urograms we found that under the age of 40 years the incidence of renal calculi showed a decided improvement in just over half the patients in both sexes, whereas over the age of 40 there was a further substantial improvement, particularly in males.

As for the bogy of expense, tomography tables are not expensive when considered as a capital outlay, particularly in terms of the usual high cost of radiographic equipment. I am quoted a figure of approximately £5,000 (£2,000) as the difference between a routine and tomographic unit.—I am, etc.,

PETER DURE-SMITH

Thomas Jefferson University Hospital, Philadelphia, Pa., U.S.A.


Depressive Illness and Aggression in Belfast

Sir,—Dr. J. R. Ashton (11 March, p. 692) and D. Walsh (8 April, p. 115) suggest that the decrease in depression in Belfast in 1970, as described in my paper on aggression and depression in Belfast (5 February, p. 342), could be due to patients being unable to contact their doctors because of the disruption in normal life. In reply to this suggestion I would like to make the following points. In spite of constant civil disturbance in Belfast in recent years communication between patient and doctor has not been affected to any appreciable extent. Both general practitioners and doctors who are also in the medical profession are able to move freely throughout the city, and generally patients have no great difficulty in attending surgeries and outpatient clinics. The number of patients attending psychiatric outpatient clinics in Belfast has not shown any significant decrease in recent years—the range from 1964-71 being 699-1035 new-patient attendances per annum and 3,321-4,389 re-attendances per annum, the respective figures for 1970 being 985 and 4,389 (figures obtained from the Statistics Branch of the Northern Ireland Health and Social Services Board).

The number of admissions to Purdyspurks Hospital (the main mental hospital for Belfast) has been increasing in recent years. In the five-year period from 1964-8 inclusive the admission rate has increased by approximately 5% per year. The admission rate per year. In the past three years this annual increase has not occurred, the admission rate remaining fairly steady. The admission rate per year has been halved could be explained by the decrease in depressive illness in Belfast as demonstrated in my paper. Furthermore, if the decrease in depressive illness was due to patients being unable to visit their doctors or being referred to psychiatrists, one would not expect the highly significant decrease in the suicide rate in 1970 (75/4,389 in 1970 and 25/1,035 in 1969). The suicide rate could also have been explained by the decrease in depressive illness in Belfast as demonstrated in my paper.

Furthermore, if the decrease in depressive illness was due to patients being unable to visit their doctors or being referred to psychiatrists, one would not expect the highly significant decrease in the suicide rate in 1970 (75/4,389 in 1970 and 25/1,035 in 1969). The suicide rate could also have been explained by the decrease in depressive illness in Belfast as demonstrated in my paper.

In contrast, if the decrease in depressive illness was due to patients being unable to visit their doctors or being referred to psychiatrists, one would not expect the highly significant decrease in the suicide rate in 1970 (75/4,389 in 1970 and 25/1,035 in 1969). The suicide rate could also have been explained by the decrease in depressive illness in Belfast as demonstrated in my paper.

In contrast, if the decrease in depressive illness was due to patients being unable to visit their doctors or being referred to psychiatrists, one would not expect the highly significant decrease in the suicide rate in 1970 (75/4,389 in 1970 and 25/1,035 in 1969). The suicide rate could also have been explained by the decrease in depressive illness in Belfast as demonstrated in my paper.

In contrast, if the decrease in depressive illness was due to patients being unable to visit their doctors or being referred to psychiatrists, one would not expect the highly significant decrease in the suicide rate in 1970 (75/4,389 in 1970 and 25/1,035 in 1969). The suicide rate could also have been explained by the decrease in depressive illness in Belfast as demonstrated in my paper.

In contrast, if the decrease in depressive illness was due to patients being unable to visit their doctors or being referred to psychiatrists, one would not expect the highly significant decrease in the suicide rate in 1970 (75/4,389 in 1970 and 25/1,035 in 1969). The suicide rate could also have been explained by the decrease in depressive illness in Belfast as demonstrated in my paper.