produce heart block, and so far iprindole has not been recorded among those that have this effect. There is no such thing as a perfectly safe drug. Why, therefore, discard one, and give both of these two evidence has fewer side effects than most?—I am etc.,

Kathleen P. Murphy.
All Saints' Hospital, Birmingham 18.

References
1 Imah, N. W., Murphy, K. P., and Mellon, C. S., Clinical Trial Journal, 1968, 9, 327.

Hydatid Disease

Sir,—I was interested to read in your leading article (21 November, p. 448) that doubt has been cast on the accuracy of the intradermal test for diagnosing hydatid disease. When I was in Kenya I had the opportunity to operate on 25 patients with this disease, and subsequently wrote a paper on the local epidemiology. What I did not record in my paper was that I performed the intradermal test on several patients before operation, in each case with a negative result, although there was no doubt of the diagnosis.

I therefore abandoned a scheme to make a survey of the local population using the intradermal test. All the patients tested had had the disease for a considerable time; one woman who complained that she had been pregnant for nine years had over three gallons (13.4 l.) of cystic fluid removed from her abdomen. It may be that after a time the body loses its antigenic response to the cyst fluid—an state of "specific tolerance"—I am etc.,

John R. Wray.
Boroughs of Calne, Chippenham and Malmsbury, Chippenham, Wilts.

Reference

Assessing the Needs of the Elderly

Sir,—Perhaps one of the most important roles of the geriatrician at the health department is to assess the physical, mental, and social condition of those patients who are most appropriate, to adjust their admission for welfare home, hospital, or whether in fact could be maintained at home with the support of the various statutory and voluntary organizations.

In this city we have some 40,000 elderly persons which represents about 14% of the total population. At present we have welfare accommodation for something in the region of 800 persons. This year about 65 borderline cases were referred for assessment by the senior medical officer (geriatrics). The majority of these referrals were from welfare officers, others coming via hospital consultants, general practitioners, medical social workers, health visitors, and occasionally by members of the general public. About 30% of the total number of cases referred were found to be in need of hospitalization. This prevented the traumatic movement of an elderly person between firstly a welfare home, and then the inevitable admission to hospital.

Finally I would like to emphasize that this medical assessment done by the health department doctor as a medical adviser to the welfare department is of primary importance. It is my opinion that this is the best way to ensure the correct placement of the patient. I think it is wrong that the burden of such assessment be left upon consultant geriatricians, which has the effect of increasing their work load considerably and draining away their valuable skills from the geriatric unit.

Such an arrangement, of course, needs genuine co-operation and co-ordination between the hospital consultants, general practitioners, and the welfare department. We live in this city have found this system mutually advantageous to all the departments concerned, and most definitely in the best interest of the patient.—I am etc.,

S. Husain-Qureshi.
Health Department, Bradford, Yorks.

Undiagnosed Abdominal Pain

Sir,—With reference to your leading article (22 August, p. 415), in my general practice I have often investigated children and adults for abdominal pain. As a routine part of their investigation I include a straight x-ray of the abdomen. It has been of great interest to me to see that many of these cases, even those with pain localized in the right hypocondrium and the right iliac fossa, show gross faecal masses throughout the length of the colon.

The treatment I have adopted in these cases has been two or three enema administrations by the district nurse, which is then followed by regular laxatives, and then (probably most important) discussions with the child's mother to impress on her the necessity for adequate diet and proper supervision of the child's bowel habits to prevent further faecal build up.

Treatment has been successful in all cases, but occasionally at a later date owing to inadequate maternal supervision the child has required a further one or two enema. The important point here is that a second opinion is in the treatment of encopresis with equally encouraging results.—I am etc.,

I. M. Seeman.
Waimangumata, New Zealand.

Prophylaxis of Postoperative Pulmonary Atelectasis

Sir,—I am most grateful to Drs. C. M. Conway and J. M. Leigh (7 November, p. 568) for their comments on my paper (3 October, p. 26). Their criticisms of my interpretation of my results are most helpful, and after further thought on the subject I believe that the possibility of an alternative interpretation, which is most interesting, I propose further investigations to test the hypothesis.

Grateful though I am for these criticisms, I would like to answer a few of the points raised. Of the references in the first paragraph, the three on complication rates were taken in good faith, reference to Palmer is from his table quoting his M.D. thesis 1952. The other references were all