produce heart block, and so far iprinrodole has not been recorded among those that have this effect. There is no such thing as a perfectly safe drug. Why, therefore, discard one, when both the evidence and the possibility of these side effects must be considered.

Kathleen P. Murphy.

All Saints’ Hospital, Birmingham 18.

References


Hydatid Disease

Sir,—I was interested to read in your leading article (21 November, p. 448) that so-called intradermal test has been cast on the accuracy of the intradural 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 piece for the local epidemiology. I did not record in my paper that I performed the intradural 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 had three gallstones weighing 13.4 l. of cystic fluid removed from her abdomen. It may be that if a time the body loses all cyst fluid—and a state of specific tolerance?—I am, etc.,

John R. Wray.

Boroughs of Calne, Chippenham and Malmesbury, Chippenham, Wilt.

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 have been admitted through a single channel, or another, are recommended for welfare accommodation. This assessment is essential to decide whether the patient is suitable for a 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 who 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 return 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 the medical way to ensure the correct placement of the patient. I think it is wrong that the burden of such assessment work be left upon consultant geriatricians, which has the effect of increasing their work load considerably and drawing 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 here 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.

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Undiagnosed Abdominal Pain

Sir,—With reference to your leading article (22 August, p. 415), in my general practice I have often investigated children attending adults for attacks of 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 hypochondrium 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 enemata administered 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 enemata. This is particularly true in the treatment of encopresis with equally encouraging results. I am, etc.

I. M. Seeman.

Waimioouina, New Zealand.

Prophylaxis of Postoperative Pulmonary Atelectasis

Sir,—I am most grateful to Drs. C. M. Conway and J. M. Leigh (7 November, p. 368) 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 have raised the possibility of an alternative interpretation, which is most interesting. I propose further investigations to test the concept.

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