Geriatric Accommodation in Acute Illness

Sir,—I feel I cannot let Dr. J. A. Frais's letter (18 November, p. 424) go without comment. The difficulty in obtaining geriatric admissions is basically due to a shortage of beds for the elderly, especially in certain sectors, largely for those needing long-term psychiatric and welfare home care. The reason for the difficulty in obtaining admission of the elderly to ordinary medical wards and to geriatric wards is that it is so difficult to put them out when they have been admitted with other serious conditions or injuries to be nursed in an orthopaedic unit. Since the great majority of children in the specialties were admitted for squint operations, the working party saw an advantage in these children being nursed in the children's unit if it were convenient for them to be taken to the orthopaedic department for the necessary treatment and assessment. Your final comment that "the working party acknowledges that its proposals [that is to nurse children in a children's unit where their general welfare would be the concern of a paediatrician] would lead to divided clinical responsibilities" is entirely opposed to the recommendation of the working party, which, in defining the manner in which the consultant paediatrician and general practitioner are to exercise a general concern and responsibility for the welfare of children in all hospital departments, emphasized that the (non-paediatric) specialist would retain responsibility for the child's welfare in the hospital and that the role of the paediatrician was seen as an advisory one, with concern for the adequate provision of mothers' units and other facilities for parents, for play and teaching facilities, and for the review of abandoned or near-abandoned children. He would also generally act as spokesman for all children in hospital on advisory committees and at administrative levels.—I am, etc.,

D. E. SHARLAND
Whittington Hospital, London N.19

Attitudes to Renal Transplantation

Sir,—In this area cadaveric organs are often used for renal transplantation. Relatives of some of the donors have told me of financial arrangements by which some had been recovered from what would otherwise have been for them a total disaster. This attitude should not be forgotten when considering the reactions of the profession and the public to the use of cadaveric organs in transplantation.—I am, etc.,

G. A. GRESHAM
Addenbrooke's Hospital, Cambridge

Children in Hospital in Wales

Sir,—I should be grateful if you would give me the opportunity of correcting your inaccurate and misleading comments under the heading of "Medical News" (18 November, p. 439) on the recently published report on "Children in Hospital in Wales."1

The report, as is stated in the foreword, is printed in its kind in Britain and sets out over 150 detailed recommendations for the future of hospital services for children in Wales in the context of the child health service as a whole. Its central theme is "that any policy for children in hospital must rest upon a recognition of the special needs of children as children," and all other considerations in the report flow from this basic concept. Your comment that the central theme of the report is that children should be separated from adult patients while in hospital and that children admitted by E.N.T. and eye surgeons should be nursed in a children's unit is unfortunate, since it is both misleading and inaccurate.

The recommendation that children should not be nursed in adult wards and wherever possible should be gathered into a children's unit available to any member of the medical staff first appeared in the Platt report,2 and its reiteration by the working party highlights only one facet of its report.

The report of E.N.T. surgeons who wished to continue to nurse these children in E.N.T. wards, and expressed the hope that in the future more of them would find it possible to treat their children in a children's unit, particularly if an E.N.T.

clinical treatment area was provided within the unit.

In considering children admitted by ophthalmic surgeons the working party accepted the need for children who had undergone extensive surgery to be admitted to a separate unit with other serious conditions or injuries to be nursed in an orthopaedic unit. Since the great majority of children in the specialties were admitted for squint operations, the working party saw an advantage in these children being nursed in the children's unit if it were convenient for them to be taken to the orthopaedic department for the necessary treatment and assessment. Your final comment that "the working party acknowledges that its proposals [that is to nurse children in a children's unit where their general welfare would be the concern of a paediatrician] would lead to divided clinical responsibilities" is entirely opposed to the recommendation of the working party, which, in defining the manner in which the consultant paediatrician and general practitioner are to exercise a general concern and responsibility for the welfare of children in all hospital departments, emphasized that the (non-paediatric) specialist would retain responsibility for the child's welfare in the hospital and that the role of the paediatrician was seen as an advisory one, with concern for the adequate provision of mothers' units and other facilities for parents, for play and teaching facilities, and for the review of abandoned or near-abandoned children. He would also generally act as spokesman for all children in hospital on advisory committees and at administrative levels.—I am, etc.,

EDWARD LYONS
Member
Working Party on Children in Hospital in Wales
Abergele, Denbighshire

Climate and Chest Disorders

Sir,—The observations of Dr. K. J. Cullen (14 October, p. 65) on climate and chest illness come as no surprise to a statistician who has been practising for many years in Essex, where there was a moderate amount of allergic chest illness, and the most significant change I noticed on coming to this part of the world was that the immense frequency of atopic eczema and asthma and eczema syndromes, which are daily occurrences in one's office. The experience of people moving from Australia and New Zealand on a large scale is no exception. It is also true that there was a very significant incidence of allergic or irritative disease due to dry climates with a high incidence of dust and allergic pollens.

We recommend a change to wetter climates, and this would be beneficial to those who suffer from chronic allergic asthma in Saskatchewan, where the other factor that has significant effect on triggering chest illness is the extremely low humidity, particularly in winter.—I am, etc.,

Saskatoon, Saskatchewan, Canada

J. D. BURGE

Apple Allergy

Sir,—The ancient adage "an apple a day keeps the doctor away" is due for revision. In the last two years I have seen more than 15 cases of eczema in elderly people who had faithfully followed that adage all their lives, developed eczema, and were dramatically cured when the apple a day was stopped.1 This case is that of Miss M. Gilmore, who was Medical Officer of Health for Worcestershire, described to me how his father, at the age of about 65, had been cured of severe and long-standing eczema when he was admitted to Manchester Eye and Chest Hospital for cataract operation. His love for apples was great and he took a large supply with him, but his pride and independence were even greater after an attempted operation for cataract, it was a strict rule that the patient should move as little as possible. When he wasn't allowed to reach for apples he refused to ask the nurse to hand one to him. During the rest of the time in bed he discovered a remarkable improvement in his eczematous condition which had caused him much inconvenience over the past 10 years. Thereafter, by avoiding raw or cooked apples, he remained free of eczema until his death at 80 years of age.

The second patient was my own wife. About two years ago she developed irritation and slight hyperaemia of the eyelids. Local applications did no good. A rash developed, spread to her trunk, and became frankly eczematous. When the usual treatment only made it worse, we began to search for an allergen. In course of time, cosmetics and various items of diet were ruled out. Then the account of the experience of Dr. Pickup's father came to mind. Her apple a day was stopped and the eczema cleared in a matter of days. It has recurred only once, when roast pork and apple sauce was served at a hotel meal, and the eruption has been carefully avoided ever since.

I admit that two cases in an uncontrolled series do not amount to statistical significance, but Dr. Pickup and I hope the sheet drama of the two cases will impress other observers and lead to the discovery of further cases and the prevention of severe physical suffering.—I am, etc.,

Bristol

I. LLOYD JOHNSTONE

Family Planning Payments

Sir,—A few interesting facts have come to my notice which merit further publicity: The Family Planning Association (F.P.A.) has recently increased its fee to members to £3.80 per year. In addition to this further charges may be made for fitting appliances, for example, £5 for the fitting of an intra-uterine device. This has led to the introduction of some local authorities, including Lancashire County Council, to pay a fee to the F.P.A. on the patient's behalf in the following circumstances: (1) within 12 months of the birth of a child; (2) where the husband or wife is unemployed; (3) where family incomes supplement is being claimed; and (4) at the