Geriatric Policies

Str,—May I take sides in the dialogue between Professor G. F. Adams (28 September, p. 789) and Dr. H. M. Hodkinson (2 November, p. 290) and state that the easiest solution of the geriatric problem is permanent hospital admission. This is the line of least resistance, and by taking it everybody is left alone in peace. A time comes, of course, when all the available geriatric beds are taken, but this again is a perfectly calm and peaceful stage of the long waiting list.

As a geriatrician with a high turnover and no long-stay problem I must admit that I am a "spiv." I'm sorry, but I must call a spade a spade. Too often consultants are urged to form in the aegis of the geriatric unit. Some of them do it in good humour, some of them with grudging teeth. But they all do it. There is just no alternative.—I am, etc.,

H. H. Langston

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Diet and Colonc Cancer

Str,—In your leading article, "Diet and Colonc Cancer" (2 March), you credit to Dr. Denis P. Burkitt for the thesis "that diet and faecal constituents are important in the aetiology of cancer of the large bowel," which he attributes to "the low-residue diet of the West, high in refined carbohydrates and low in fibre." This has obviously happened because Burkitt in his article did not even refer to my work, published much earlier than his, let alone give me due credit for this thesis. Allow me, therefore, to quote from my article not only to establish priority but, even more important, to draw attention to the explanation why diets rich in cellulose and vegetable fibres are protective. Perhaps this may lead to additional information which could be set up to prevent colon cancer.

In my article I stated that cancer of the colon was far less common in North Indians as compared with south Indians, and that one likely explanation might be that while Indians from the south are rich in roughage, cellulose, and vegetable fibres these are almost completely lacking in the south Indian diets. The article continued: "We have investigated this point further by examination of faeces in these subjects, which showed that while vegetable fibres were abundant in the stools of north Indians these were completely absent in those of the south Indians. This may have an important implication because the recent evidence of the hypothesis that fermentation of cellulose and vegetable fibres in the intestine gives rise to large quantities of acetic acid which may (and in a protective manner) in the intracellular mucus of the mucous membrane of the colon by virtue of its acid milieu in north Indians while giving no such protection to the south Indians."

An acid milieu precipitates the mucus and prevents it from escaping from the mucus cells, thus protecting the mucus cells from the adverse inflammatory and proliferative changes referred to above. In an alkaline milieu the intracellular mucus of the mucous membranes is rendered fluid and escapes from the cell, thus producing inflammatory and proliferative changes in the mucosa with a marked increase in mitotic activity. Such hyperplasia of groups duration is often a prelude to neoplasia.13— I am, etc.,

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Geriatric Research

Disclo Deafness

Str,—Early deafness in young people as a result of exposure to excessive noise in "discos" must now be assumed epidemic proportions. The importance of this problem has been brought especially to my mind because an 18-year-old medical secretary, who has worked for me, has now been found to be suffering from this condition. If every general practitioner in the country had one such new case a year there would be 20,000 new cases in the country annually.

We can only guess at the degree of disability in later years when the normal hard- tness and discontinuance would be abolished by disabling deafness in many people. This is a preventable cause of deafness and the medical profession should press for controls to regulate sound at "discos." No doubt controls will eventually be applied, but in view of the enormity of the problem, the sooner the better.—I am, etc.,

M. S. SWAND

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Variation in Intravenous Infusion Rates

Str,—We share the views of Drs. F. C. Flack and T. D. Whyte (17 August, p. 439) that most hospital staff are probably unaware of the variability of intravenous infusion rates under normal ward conditions. In a recent study at this hospital we measured the time over which 1,898 infusions were administered to 141 medical and surgical inpatients. The times at which the infusions were begun and discontinued were recorded by the nursing staff and later compared with the rate of administration prescribed by the physician or surgeon.

The results, which are shown in tables I and II, illustrate the fact that less than half the infusions were administered over the...