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Correspondence

Letters to the Editor should not exceed 500 words.

Approach to Disability and Breakdown

SIR,—Dr. F. Allen Binks (3 February, p. 269) is to be congratulated on his penetrating examination of the abuse of the geriatric hospital services, and his clearcut exposure of the tactical internecine crossfire which in some instances endangers the lives of his patients. His criticism of a particular area is in part based on a statistical analysis of its hospital beds, staffing, etc. He should, I feel, view that situation in the perspective of the entire N.H.S.—namely, an analysis of the predominant age groups in the ranks of both the country's general practitioners and of its consultants. That the well-over-fifties are in the majority should not surprise him, since the replacement rate has almost ground to a standstill. The Ministry of Health seems to have withheld from the public our own accelerating age ratio in relation to the general public of all ages who will require our services.

Seen in this light Dr. Binks's discontent with a general hospital's attitudes, and his plea for new answers to the questions of our medical and social care of the aged, appear to me to be even more pertinent. We learn our attitudes from our elders, who learned it from theirs. As a corollary we could point to our educational system with its savage tribal ritual of snatching our reluctant children from our own homes and depositing them forcibly into an inbred community of a boarding school. We emerge as law-abiding citizens and serve the country well, but our attitudes are geared to a community consisting only of men and boys. The constellation of a family unit with its little psychological rivalries and explicable favouritisms appears nowhere in any instruction of our adolescent schoolchildren. Animals and their behaviour receive emphasis far beyond their importance. Genuflexion to games took root as a reaction to Dr. Arnold's Old Testament attitudes at Rugby; there has been no let-up. "Never apologize, never explain" may have been the dictum of an Edwardian fellow at Oxford; it has withstood the test of time in the upper echelons of the Ministries where vital decisions are made for us, decisions which are rationalized with the easy trick of dressing them in political jargon and deceitful smooth-talk.

As a long-term policy we have to take care of the aged by beginning with today's 13-year-olds. A girl of that age who said to me, "I want to know about people, about love, about drugs, and about children," was certainly not heading for a life of debauchery. She wanted to know a little more about how people tick over. She now grasped the explanation for her jealousy when, as a first-born until the age of two and a half years, a brand new baby appeared in her mother's bed. This explanation did not now dispel all her fears, no more than a talk about germs would send all scruffy little schoolboys to the bathroom to wash their hands. Nevertheless, it is important to *know*. Such knowledge among the young should with the passage of time—how soon they become parents themselves!—consolidate into the real virtues of reason, simplicity, moderation, and tolerance. Our false moral systems of ecclesiastical-engendered guilt complexes on the one hand, and the religion of success on the other, have drained this country of its real physical and emotional energy. "I've given him everything, from the day he was born, and now he's turned on me," said an aged tycoon to me when his quarrelsome son refused to allow him to see his grandchild. He had indeed given him everything which could be dimensionally measured and priced—except that look of genuine interest and affection which every 5-year-old little boy strives to see in his father's eyes.

Dr. Binks wisely says that much of our present attitude stems from "our obsession with medical science and technology giving a producer-orientated service, the source and generator of runaway medicine." Our system of medicine has become so dehumanized that he has been obliged to affirm that people are human—but some are more inhuman than others. With apologies to Mr. Orwell.—I am, etc.,

London S.W.6. PHILIP TRAUB.

Transferable Antibiotic Resistance

SIR,—I should like to raise a few points in connexion with the leading article under this title (3 February, p. 263) which discusses my short paper (p. 293). Firstly, the leader states, in relation to my observations on the transfer of drug resistance from Middlesbrough strains of *Escherichia coli*, "These organisms possess transferable resistance. The several serotypes concerned behave differently. . . ."

As far as transferable resistance is concerned, two of the three serotypes examined, **O**128 and **O**20, behaved similarly; they transferred five resistances in groups of four and two (sulphonamide resistance was duplicated). The third serotype, **O**119, transferred a group of four resistances similar to that of the other two types. The impressive feature, which I mentioned in my paper, was not the differences but the similarities in transfer behaviour, which suggested that the same resistance factors might be present in these strains.

The second point concerns the possible origin of the resistance factors found in the *E. coli* strains. It is remarked in your leading article that an animal origin of these R-factors seems less likely than a human one. And it is evidently doubted whether non-pathogenic *E. coli* strains of animal origin can establish themselves in the human intestine, the inference being that, because of this, their opportunities of transferring drug resistance to human Enterobacteria must be limited.

I will not discuss the capacity of animal *E. coli* for long-term colonization of the human intestine, but I see no reason to doubt their ability to reach the intestine, and