

BRITISH MEDICAL JOURNAL

SATURDAY 31 OCTOBER 1981

LEADING ARTICLES

- Monoclonal antibodies: production and use** A M MCGREGOR 1143
Therapeutic embolisation A E YOUNG 1144
A new task for human growth hormone? M A PREECE 1145

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

- Assessment of iron stores in inflammation by assay of serum ferritin concentrations** D R BLAKE, R F WATERWORTH, P A BACON ... 1147
Prostacyclin and thromboxane in diabetes OLAVI YLIKORKALA, JORMA KAILA, LASSE VIINIKKA 1148
Blood pressure reduction in the elderly: a randomised controlled trial of methyldopa
M E SPRACKLING, J R A MITCHELL, A H SHORT, G WATT 1151
Colovesical fistula diagnosed by unconventional procedure C D BACH, B RESNIK, W FLAMENBAUM, R J HAMBURGER 1154
Simple technique for measuring serum or plasma viscosity with disposable apparatus R C F LEONARD 1154
Nephrogenic diabetes insipidus associated with Dyazide (triamterene-hydrochlorothiazide) M D MACLEOD, G M BELL, W J IRVINE . 1155
Status epilepticus caused by solvent abuse CHARLES ALLISTER, MICHAEL LUSH, JOHN S OLIVER, JOYCE M WATSON 1156
Correction: Herpes-zoster myelitis CORSTON ET AL 1156
Attitudes to psychological illness in general practice K B THOMAS 1157
Stringent prescribing in general practice G N MARSH 1152

MEDICAL PRACTICE

- "New chronic" patients** THOMAS H BEWLEY, MARTIN BLAND, DEREK MECHEN, ELIZABETH WALCH 1161
Innovations in medical records in the United Kingdom FRANCIS AVERY JONES 1164
ABC of 1 to 7: The handicapped child H B VALMAN 1166
Alcohol and Alcoholism: Alcohol, women, and the young: the same old problem? RICHARD SMITH 1170
The Six Diseases of WHO: Human trypanosomiasis in Africa J R FOULKES 1172
Lesson of the Week: Amoebic liver abscess in a Norfolk factory worker M E PRICE 1175
Any Questions? 1165
Materia Non Medica—Contribution from R E GOODMAN 1174
Medicine and Books 1176
Personal View J G DICKINSON 1180
Correction: ABC of 1 to 7: Infectious diseases VALMAN 1175

CORRESPONDENCE—List of Contents 1183

OBITUARY 1181

NEWS AND NOTES

- Views** 1192
Parliament—Questions 1193
Medical News 1193
BMA Notices 1194

SUPPLEMENT

- The Week** 1195
A hawk takes over at the DHSS WILLIAM RUSSELL 1196
From the GMSC: Objectives and priorities 1197
From the HJSC: Call for an 80-hour week maximum for junior staff 1199

CORRESPONDENCE

Acute hospital services for the elderly K G Arnold, MRCP, and others	1183	Compulsory seat belts in 1982 D G McLintock, MRCOG	1186	Effects of sodium valproate with special reference to weight T K Daneshmend, MRCP; J Egger, MD, and E M Brett, FRCP	1189
Caring for the aged Anne Brown, MRCP, and J P D Keet, MRCP	1184	Cardioversion 125 times without necrosis M S Perelman, MRCP	1187	Aspirin and glucose-6-phosphate dehydrogenase deficiency P Colonna, MD	1189
Contraception in diabetics Gillian M Craig, MD and J R Newton, FRCOG	1184	Increase in drug resistance among <i>Shigella dysenteriae</i>, <i>Sh flexneri</i>, and <i>Sh boydii</i> A S Nanivadekar, MD, and S D Gadgil	1187	Pharmacists as doctors K D Moudgil, MB	1189
Diving is dangerous for diabetics G H Hall, FRCP; P J Watkins, FRCP, and G S Spathis, FRCP	1184	General practitioner in the factory J L Kearns, FFOM	1187	Proposals for a trial marriage between primary and secondary health care C Gazidis, MFCM	1189
Diabetes mellitus L J Borthwick, MRCP, and R G Hull, MRCP	1184	Slow-release morphine T D Walsh, MRCP	1187	Hospital career structure J C Brocklehurst, FRCPED	1190
Management of patients with bilateral amputations F R I Middleton, MRCP, and Pamela J Stephen, MRCP	1184	Burning polystyrene Sir Christopher Lawrence-Jones MFOM	1187	Consultants and their future P Rhodes, FRCOG; P D Welsby, MRCP; J C Griffiths, FRCSed	1190
Improved pain relief after thoracotomy J M Cundy, FFARCS; E N S Fry, FFARCS	1185	Vitamin A toxicity and hypercalcaemia in chronic renal failure W K Stewart, FRCP, and Laura W Fleming, BSC	1187	Points Managing diabetes mellitus (J W Todd); Invisible printing: a problem for the partially sighted (F H Stevenson); Orchidectomy alone for stage 1 testicular teratoma (P A Hadley); Opiate toxicity in elderly patients (R C Gupta); Transdermal drug administration—a nuisance becomes an opportunity (L O Mountford); In-growing toenails: an evaluation of two treatments (Mavis Taylor); "A Dictionary of Virology" (K E K Rowson); The new "Medical Directory" (Muriel E Purkiss); Overseas doctors: a step forward into chaos (D J Harris); "Play it Safe" campaign (Juliet C Morris)	1191
Do drug dependence clinics work? T E Webb, MB	1185	Somewhere is needed to look after children when their mothers have obstetric appointments M J Hare, MRCOG, and others; Eileen A Wain, MFCM	1188		
Multiple-gated blood pool imaging in diagnosis of left ventricular aneurysms Helen J Sutton, MB, and D M Ackery, MB	1185	Microcomputers in antenatal care R D S Fawdry, FRCSed, and T J R Benson, BSC; R J Lilford, MRCOG, and T Chard, FRCOG	1188		
Puff volume increases when low-nicotine cigarettes are smoked I C McManus, MB; R S Herning, PHD, and others	1186	Aquagenic pruritus W B Shelley, MD, and H M Rawnsley, MD	1189		
Squash ball to eye ball M J Gilkes, FRCS; D W W Bullimore, MD	1186				

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Acute hospital services for the elderly

SIR,—As consultant physicians in geriatric medicine in teaching hospitals, we wish to comment on the provision of acute hospital services in London. We are particularly concerned at the use of the word geriatric in the context of non-acute services in the report of the London Advisory Group chaired by Sir John Habakkuk.¹

This report, published in January 1981, supports the case for a reduction of 15% over the next six or seven years in the number of acute beds and recommends that the resultant saving in resources should be reallocated to inpatient and outpatient services to the elderly, the mentally handicapped, and the mentally ill. We submit that the continued convention of divorcing beds in departments of geriatric medicine from calculations concerning the provision of acute hospital services in London no longer reflects the needs of the population over the age of 65 years, and is contrary to the philosophy of contemporary geriatric medicine.

In practice we are involved in the treatment of acutely ill elderly people as well as those who require medium-term or long-term hospital care, and equating "geriatric beds" with non-acute medicine in the eyes of the administration, the profession, and the public alike is to

be deplored. It is well known that the general wards in the London teaching hospitals now contain, and will continue to contain, many elderly patients with diverse medical and surgical problems. We believe that in these hospitals a geriatric medical presence, with adequate resources, is now essential to show by example and advice that these patients, many of whom have complex and interdependent physical, mental, and social problems, can be managed effectively and their stay in hospital reduced to the shortest possible time. Such an active geriatric medical presence on site complements the efforts of other departments and, by increasing bed turnover and cost effectiveness, enables the hospital to work more efficiently.² Moreover, such a concentration on the special needs and problems of the elderly with its emphasis on total patient care, from a base within the main district teaching hospital, would more easily allow the now necessary development of an essential part of undergraduate education.

"Acute" beds must not be considered as a problem in isolation. Our population at all ages needs acute and continuing-care beds. Elderly people, however, make the greatest demands for both. Failure to provide adequate appro-

prate facilities for the acute care of the elderly will lead inevitably to increased demands for long-term care, which is undesirable for both the individuals concerned and the purse of the community, as history has now clearly shown.

K G ARNOLD	ROGER LEWIS
G P J BEYNON	BRIAN LIVESLEY
A T BRAIN	PETER MEISNER
A M BRAVERMAN	ANGELA MIDDLETON
D CORLESS	PETER H MILLARD
J R CROKER	JACQUELINE MORRIS
A N EXTON-SMITH	JULIAN ORAM
M F GREEN	C REISNER
I R HASTIE	C P SILVER
E P W HELPS	N K P SINGH
H M HODKINSON	J M VARNEY
M IMPALLOMENI	I G WALTON
M S KATARIA	T C P WILLIAMS
J KELLET	

Teachers of Geriatrics Club—London
(secretary I G Walton),
c/o Charing Cross Hospital,
London W6 8RF

¹ London Advisory Group. *Acute hospital services in London*. London: DHSS, 1981.

² Burley LE, Currie CT, Smith RG, et al. *Br Med J* 1979;iii:90.