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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.

Tailoring hospital facilities to needs

SIR,—Winter came early this year, well before Christmas, and the seasonal good cheer in our hospital was somewhat dampened by the seasonal bed crisis. With 30-40 emergency admissions on alternate days and the only other district general hospital in the city bursting at the seams, medical staff were desperate to find empty beds for the morrow. As in previous years, all non-emergency admissions were cancelled to try to improve this impossible situation. These patients, sometimes requiring major surgery that had already been delayed because of restricted services in the operating theatres and limited blood transfusion facilities over the Christmas period, were sent away until the hospital had weathered the storm, with consequences that at times verged on the disastrous.

The tragic fact is that many of our "waiting list" patients with serious and sometimes potentially fatal illnesses have to take second place to those who are admitted as so-called emergencies—who are often those with chronic social problems not requiring the sophisticated and expensive facilities offered by a large modern hospital. Surely the time has come to stop and think about how best to make use of our hospital beds.

The acute medical ward has come to be regarded as the rightful destination for the debilitated in the frequent absence of accommodation elsewhere, with the result that those

patients who stand to benefit most from what the hospital offers cannot be treated. The trend in recent years to increase the size of the larger acute hospital at the expense of the small pre-convalescent unit and the general practitioner hospitals, which provide adequate care without either expensive equipment or large numbers of staff, has undoubtedly accentuated this problem. It would seem a matter of sound economic sense for the community to provide more such accommodation, which for many patients is more appropriate and certainly cheaper than that in a large acute hospital. Is it not time that we tailored our hospital facilities to our patients' requirements?

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Child health in the Third World

SIR,—How should the medical profession of this country react to the latest report by UNICEF, *The State of the World's Children*?¹ It makes sad reading.

The report says that 17 million children will have died in 1981 and as many are expected to die this year, but for £50 each they could have

been saved. Less than one in 10 of those who died in 1981 had been immunised against the six main child-killing diseases. Yet it would cost no more than £2.50 a child to immunise all the infants of the developing world in this way. Vitamin A tablets, costing only a few pence, could have prevented 500 children a day going blind. Some 5 million succumbed to diarrhoea because of lack of simple rehydration treatments. The developing world's infant mortality, which fell in the 1960s, has barely altered in the past five years; it is 10 times higher than in the industrialised world.

This report is a great humanitarian challenge to the rich nations. It is tragic therefore that the British Government made a drastic cut in its contribution to UNICEF in 1980, and in real terms it is still below that of 1979. Surely our role as doctors is to play an active part in informing the public and politicians of the appalling facts contained in this report so that pressure can be brought on the Government to reconsider urgently its aid policy to the Third World.

Can we allow this largest generation of children to grow up malnourished, unhealthy, and uneducated?

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¹ Grant JP. *The state of the world's children 1981-82*. New York: UNICEF, 1981.