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- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
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- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Hypothermia in the elderly: scope for prevention

SIR,—With the increase in numbers of the very elderly (75 years and over) in the national population the report by Drs Catherine J Otty and M O Roland (15 August, p 419) deserves consideration by all health districts. They suggest that hypothermia is a contributing factor in the deaths of many elderly people during the winter months and that those living alone with little or no support are most at risk. If elderly people would benefit from simple advice then this should be offered to all those who are at risk, in addition to further government support towards payment of heating bills.

Now, for the first time, using the databases of family practitioner committees, which contain information on all patients registered with general practitioners, we have the means to identify elderly people living alone. The use of such a database, with no loss of confidentiality, could enable social services departments working with health

authority advice to prepare an information card for distribution to this group of people. Such a card might include a list of useful contact points, telephone numbers, and general advice to enable those susceptible to hypothermia to look after themselves. If this was done before the onset of cold weather it would alert those who need help to the problem of hypothermia and thus help prevent its occurrence.

The family practitioner committee database could also produce lists of those at risk for distribution to individual practices to enable health visitors, practice nurses, or general practitioners themselves to undertake educational follow up visits, which Drs Otty and Roland indicate would be beneficial.

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prostitution, which, like dirty needles, spreads infection.

Drug addicts do not trust the medical and caring professions, so the most disturbed and ill addicts often present in labour pretending not to be addicted. These problems have worsened since the test case in which the baby of two addicts was taken into care at birth in Berkshire. The first appeal was allowed, but the case went to the House of Lords and the parents lost their child.

We do not know whether Dr Caviston agrees with this decision or not when he refers to breaking the vicious cycle of an irritable infant interacting with the vulnerable withdrawing mother in favour of "intensive educational support given in a structured parenting programme." We have not observed a vicious cycle of "infant passivity and maternal rejection"; in the many interactions we have seen addicted babies are often active, hungry, and crying. Their parents do not always handle them appropriately, but they do not necessarily reject them, seeing in their child the answer to their basic need to be loved, which they often believe led them to addiction. The programme Dr Caviston suggests does not as yet exist for any deprived children, least of all for those we consign to the theoretically comforting limbo of "care," away from the concern of their natural families and the often very appropriate help that might be provided by non-drug using relatives.

Pregnant addicts need careful antenatal care; the only way to ensure attendance in the first place is to provide small legal doses of opiates. Of course, any opiates put mother and baby at risk, but this is a lesser evil than continued use of black market drugs and offers an opportunity for a slow and safe reduction of the dose. From the baby's point of view heroin is preferable to methadone because the

Pregnancy and opiate addiction

SIR,—We would like to add a few practical points to Dr Paul Caviston's leading article on pregnancy and opiate addiction (1 August, p 285).

The problem of infection with the human immunodeficiency virus (HIV) and infections generally cannot be dismissed by a reference to "dirty needles and adulterants in street heroin." Eighty pregnant women addicted to opiates who were delivered at University College Hospital between 1975 and 1985 showed an increased incidence of antepartum haemorrhage, premature

labour, and intrauterine death, which may occur during withdrawal. They also had 10 times as many serious infections as their matched controls; many infections were venereal and three were syphilitic. Venereal diseases are thought to predispose to the development of complications of HIV, and both syphilis and HIV are transmitted to the fetus. Early routine screening is not enough. Pregnancy causes anxiety, which increases the need for expensive drugs, and the easiest way to get the £100 to £200 a day needed for drugs is by