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BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR. SECOND CLASS POSTAGE PAID AT NEW YORK N.Y. WEEKLY 70p

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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Volunteers and the Aftermath of Stroke

SIR,—The article by Miss Valerie Eaton Griffith (13 September, p. 633), and your comments upon it (p. 606) would at all times be of importance, but they are particularly so in the present.

Miss Eaton Griffith reports the value of commonsense unprofessional help, admittedly to small numbers, to those who are dysphasic or have allied problems following strokes. The idea is based on a simple wish to help those threatened by despair. The help is given in practical terms, directed towards raising morale and performance. There is no attempt to rival professional workers such as speech therapists or to be in any way professional. In fact Miss Eaton Griffith makes this perfectly clear in her concluding sentence, which reads "The volunteers are not and should not be trained; if they were they would lose their most valuable asset, which is to approach and be welcomed by the patient and the family as a helping neighbour."

You, sir, recognize the great potential good that could come from this work, and in advocating a small expenditure by the area health authority you are supporting the principle, as all of us should and Miss Eaton Griffith does, that the most must be made of the limited available resources. Here a lot can be achieved by much good will with little expenditure of money.—I am, etc.,

John Richardson

SIR,—With reference to your leading article (13 September, p. 606), may I take up the story where you leave off?

London W.1

The Chiltern scheme (p. 633) is now being watched with keen interest by the High Wycombe District Management Team. On their recommendation the Buckinghamshire Area Health Authority has granted funds for a further two years to provide a total of four years' assessment. At the end of this time the D.M.T. will decide, in the light of the situation at that time, whether to take it on as part of their normal service commitment.

A previous leading article, "Stroke and the Family" (19 October 1974, p. 122), commenting on the Royal College of Physicians' report on strokes,1 accurately pinpointed the enormous difficulties which stroke patients' families face and rightly deplored the lack of interest taken in the patients' welfare by the community services and society. It is a shocking indictment of our society that these patients are so often left "staring at the wall," steadily undoing what little benefit the Health Service is able to give them. N.H.S. facilities simply do not exist to provide continuing help to these people. You concluded by calling for voluntary help to fill the gap. Here it is, in the Chiltern scheme.

These volunteers are going into stroke patients' homes with a continuing, intensive, and well-planned programme and teaching them to lead again a meaningful life within their limitations. The benefit to the whole family is enormous. This is a most important breakthrough in the rehabilitation of stroke, surely one of the last major areas of neglect of the disabled.

This scheme should be closely watched by every D.M.T. in the country. It would be

difficult to impose by edict, but local interest should be immediately encouraged and supported. The cost to us of 0.03% of our annual budget is minute and must be the best investment we have made. It is only to be hoped that other D.M.T.s will be as fortunate as we are in Buckinghamshire to have an area team with the perception to back a winner when they see one.—I am, etc.,

> JOHN MCLUSKIE General Practitioner Member, High Wycombe District Management Team

High Wycombe, Bucks

1 Royal College of Physicians of London, Report of Geriatrics Committee Working Group on Strokes. London, R.C.P., 1974.

SIR,—Your leading article on the above subject (13 September, p. 606) comments favourably on the pilot scheme organized by Miss Valerie Eaton Griffith to assess the part volunteer workers can play in the rehabilitation of stroke patients suffering from dysphasia and allied problems and described by her (p. 633).

One of the questions posed in the article was whether the Chest and Heart Association "might provide the necessary guidance and advice for other areas." You may be assured that the association will help in every possible way to extend this scheme to other areas of the United Kingdom and has already taken the first step in this direction by appointing Miss Eaton Griffith to its staff.—I am, etc.,

ERNEST SIDEY Director General, Chest and Heart Association

London W.C.1

Imaging in Radiology

SIR,—Your leading article "Imaging in Radiology" (13 September, p. 605) is an