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Isolation Accommodation in District Hospitals

Sir,—Dr. K. R. Llewellyn (7 October, p. 51) considers that all district hospitals should have comprehensive facilities for the accommodation of patients of all ages with communicable disease. He refers especially to small babies, who are most at risk.

I write to emphasize the importance of isolation accommodation in adult units. Unless this is readily available some patients with highly infectious conditions—for example, quinsy or a septic surgical lesion—are likely to be nursed in open wards, while others with diseases in which danger of spread of infection is minimal—for example, herpes zoster or erysipelas—are isolated in

special hospitals. Also patients with ulcerative colitis or an acute surgical emergency may be shunted from one hospital to another because their condition is at first thought to be infectious, and the treatment of a desperate emergency such as fulminating meningococcal septicaemia may be delayed because the patient is refused admission to the district hospital.

There is danger of infection in any hospital and all should be equipped to deal with it.—I am, etc.,

H. G. EASTON

Ruchill Hospital,
Glasgow

Criteria for Free School Milk

Sir,—As a local general practitioner I have during the past year assisted the school medical service in Haringey in determining the requirements for free milk among children aged 7-12. The criteria employed must of necessity be limited in view of the time available for the large numbers involved. A circular in August 1971 from the Department of Education and Science mentioned that the Secretary of State would not indicate guidelines, but the *B.M.J.* made an attempt to clarify the situation, weight being quoted as the most useful criterion.¹ With this in mind I have ensured that each child was weighed before being presented to me, and till now have received excellent co-operation from the welfare staff of the

various schools to which a circular is sent by the medical officer of health requesting appropriate assistance. These people in conjunction with the head teachers could provide useful social information which would influence one's decisions.

The pattern was pursued at the last school I visited, and when asked at a subsequent telephone call from the deputy medical officer of health if I felt I could no longer continue to participate in the scheme without the children being weighed I was dumbfounded. Apparently the welfare staff had objected to the small imposition on them of weighing the children. I drew his attention to the significance of the percentile weight charts which I always used, but he

needed no reminding and admitted that my argument was cogent. It seemed, however, that few other colleagues were adopting a similar procedure and it was suggested that there would be no objection to my eliminating it. Politics, it transpired, were to take precedence over acknowledged simple scientific thought.

After careful consideration, I have felt unable to continue these sessions with the implied restriction. To weigh 75 children personally in 1½-2 hours in addition to attempting to make a reasoned assessment, even with the limited parameters available in the circumstances, would detract from the minimal standards I feel are required. Furthermore, one would surely be hard put to it to justify a negative decision to certain irate parents if their children had not even been weighed—I am, etc.,

B. L. D. PHILLIPS

London N.10

¹ *British Medical Journal*, 1971, 4, 358.

Dangers of Diazoxide

Sir,—There has been increasing interest in the use of diazoxide in hypertension. In a review of the extensive bibliography we have failed to find any controlled studies of its use in any of the clinical situations described.¹⁻⁴ In most reports the patient's blood pressure has been compared before and after treatment. There can be no doubt that diazoxide is an effective hypotensive agent both orally and, especially, intravenously, but in the