CORRESPONDENCE

Airport hygiene T D V Swinscow, MB.	999	Psychosocial stress in pregnancy R W Newton, MRCP.	1003	Unwanted journals M O'Donnell, MB.	1005
The concept of disease E W Davies, MRCPsych; F K Taylor, FRCPsych; J V Brooke, MRCP; S Renfrew, FRCP; F S A Doran, FRCS; P D Toon, MB; G T Lewith, MRCP.	999	Appendicectomy and family history J G R Howie, MD; L R H Gracey, FRCS, and S Sanders, MB.	1003	Deployment of mental handicap specialists T L Pilkington, FRCPsych.	1005
Iatrogenic collapse Kathleen M Huntington, MB.	1001	Accidental injury in children and interrogation of families J M English, MB, and Patricia A Sutcliffe, MB.	1003	Clinical practice and community medicine Frada Eskin, MFCM; Marianne A Pearce, MRCOG.	1005
Reproductive mortality Bobbie Jacobson, BSC; R A Wiseman, MRCS; Valerie J Beral, MRCP.	1001	General practice in hospital accident and emergency departments E P Abson, FRCS.	1003	Boycott of tertiary examination in orthopaedics? K Norcross, FRCS.	1006
Obstetric anaesthetic and analgesic services in Wales D J Bowen, FFARCS, and others.	1002	Referral of mothers and infants for intensive care M F Whitfield, MRCP, and others.	1004	Postgraduate dental general anaesthesia N J Foster, BDS.	1006
Nutritional standards and saving money on school meals Anne E de Looy, PHD, and P Fieldhouse, BSC.	1002	Antibiotic lavage for peritonitis M K Browne, FRCSed.	1004	Ethics in occupational health I Duncan, MRCP.	1006
Abnormal smears in pregnancy J Elizabeth Macgregor, MD.	1002	Barbiturate hypnotics I Oswald, FRCPsych.	1005	Secrecy and the health of Soviet prisoners S Goldwater, FRCS.	1006
		Contamination of injections C F Scurr, FRCS.	1005		

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.

Airport hygiene

SIR,—Southampton airport is an international airport. It has regular flights to Europe, and of course receives passengers on those flights going to or coming from many other parts of the world. Its standards of cleanliness and hygiene provide the first sight of England to many foreigners, and the last sight to many too. My first visit to it was on 1 October, when my wife and I spent three hours there waiting for a connecting flight. The following observations are based on written notes made at the time.

The floor of the waiting hall was littered with paper, cigarette ends, fragments of food, and dust. In places the dust had accumulated in balls of fluff and hair, which were eddying about on the floor in air currents. The floor of the restaurant, which was carpeted and so must have been impossible to keep clean, had food and cigarette stubs ground into it as well as paper lying around. The walls of the building had old paint on their interior surfaces which was peeling off in patches. At the junction of the walls with the floor dirt had accumulated thickly.

The men's lavatory reeked of stale urine. The basins and taps were dirty and stained. No hot water came from the taps. In the first basin I tried there was no cold water either; in the second basin it came in a violent gush or not at all: the taps were of the push-down variety and so very difficult to operate while washing one's hands. In the women's lavatory the floor was dirty and very wet, there were no locks on at least some of the doors, and the lavatory pans and seats were encrusted and stained. Again there was no hot water.

On the credit side I can say that the roller towels in the lavatories, though an unsatis-

factory method of drying hands in public places, were clean. In the restaurant the food was of an acceptable standard for an airport in this country. Moreover, with a puritanical delicacy that had a certain appeal, a notice at the entrance admonished passengers with the words, "No confetti please."

As I looked at this airport a memorable phrase that I once read in a Nigerian news-

paper came to mind: "It presents a soddy scene." And I wondered what a bacteriologist would find on some of the surfaces. Are other of our smaller airports like this? If so, for travellers from many foreign countries they must add a new dimension to the term "cross-cultural shock."

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The concept of disease

SIR,—Dr E J M Campbell and others (29 September, p 757) draw attention to the ambiguity of the word "disease" and describe an investigation showing a difference in usage between medical and non-medical groups. Being aware of the confusions that variable usage may produce, they suggest that two levels of discourse should be recognised: "the scientific-medical, in which a nominalist approach should be obligatory; and the everyday, in which definition need not be objective and quantifiable, and in which it is not so necessary to be on guard against essentialist assumptions."

A demarcation must be drawn between their considerations relating to particular diseases and the concept of "disease." No objection can be raised against the former for the advances in medicine had necessitated the introduction of more precise terminology. However, any attempt to define a boundary around the concept of disease constitutes a different project, for such a conceptual revision cannot be supported by empirical investigation. Although the precedent established by physical

science, where words used in everyday speech are given a precise technical definition, is quoted in support of such a revision, such a strategy, while acceptable where the fields of discourse are distinct, would be an unfortunate development in medicine, where clear communication between doctor and patient is of paramount importance.

In fact Professor Scadding does not wish to draw a boundary around the concept of disease, as is shown by the doubts expressed about the acceptability of his general definition "because it means abandoning in current nosology any possibility of a 'unified concept of disease.'" Although Professor Scadding is opposed to a realist interpretation, any attempt to provide a definition stating what diseases have in common is liable to be misinterpreted as expressing an essentialist view.

The writings of Wittgenstein¹ provide an alternative approach. No clear boundary can be drawn around the concept "disease" for there is no feature common to all instances of disease, and the various members falling under the concept disease merely show a complicated