babies) given infusions of the drug for pre-eclampsia.⁷ It therefore seems possible, but is not proved, that therapeutic doses of chlormethiazole may predispose old people to hypothermia. However, whether chlormethiazole is any better or worse than other hypnotics in this respect is not known, and some research is needed.

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¹ Jakobsson, S V, and Möller, M, *International Microform Journal of Legal Medicine*, 1972, 8, 150.

² Oliver, J S, and Stewart, P D, *Medicine, Science and the Law*, 1975, 15, 67.

³ Horder, J M, *British Medical Journal*, 1978, 1, 693.

⁴ Pentikäinen, P J, Valtanen, V V, and Miettinen, T A, *International Journal of Clinical Pharmacology*, 1976, 14, 225.

⁵ Svedin, C-O, *Nordisk Psykiatrisk Tidskrift*, 1963, 17, 1.

⁶ Astra Chemicals Limited, *Heminevrin and its Application to Geriatrics, Alcoholism, Psychiatry, Pre-eclampsia and Other Convulsive States*. Watford, Astra.

⁷ Tischler, E, *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 1973, 13, 137.

Mechanical aids to ventilation for use in the field

SIR,—Dr R Greenbaum (13 October, p 937) has suggested that time-cycled automatic ventilators may have advantages in allowing cardiac massage to synchronise with artificial ventilation. Most resuscitation training programmes stick to the American Heart Association (AHA) guidelines¹ by recommending massage at 60 compressions/min with a breath interposed every fifth without pausing. When a mechanical ventilator is used a high flow rate is essential in order to comply with this routine.

If the AHA guidelines are to be accepted, then the minimal gas flow rate required of a ventilator must be at least 60 l/min (100 l/min has been agreed by both American and Australian standards committees). There is currently no time-cycled machine with a gas flow rate approaching 60 l/min.

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¹ American Heart Association, *Journal of the American Medical Association*, 1974, 227, No 7 (suppl).

Breathing difficulties in the newborn

SIR,—Dr H B Valman states in his article (8 December, p 1483) that "antibiotics have no place in the treatment of respiratory distress syndrome, but some infants may need antibiotics as the group B streptococcus may produce a clinical picture similar to that of severe respiratory distress syndrome." I would agree with the second part of this statement, and our own experience in a unit caring for some 2500 deliveries a year is that we have had five babies in 1979 with fatal group B streptococcal infection. The illness of two of these and of one (who survived) with group D septicaemia masqueraded as hyaline membrane disease.

As a result of our own experience and that of other units we have changed our policy and, as Robertson suggests,¹ "give all dyspnoeic infants a course of benzylpenicillin for at least 48 hours until cultures are known to be negative, unless some clearly non-infectious condition like pneumothorax or congenital malformation is responsible for the dyspnoea." That prophylaxis against early-onset group B streptococcal septicaemia does result in the saving of some lives has been very strongly suggested by the outcome of a study by Lloyd *et al.*² I feel that now few paediatricians with responsibilities for neonates would agree with the first part of Dr Valman's statement.

On the subject of meconium aspiration, Dr Valman might have stated that at the very least a wide-bore catheter should be passed through the glottis and meconium sucked out. There seems little doubt that with efficient early management hardly any babies with this condition will need to be ventilated.

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¹ Robertson NRC. *Arch Dis Child* 1979;54:838-44.

² Lloyd DJ, Belgaumkar TK, Scott KE, Wort AJ, Aterman K, Krause VW. *Arch Dis Child* 1979;54:805.

cuts in expenditure. It is therefore time that we all did our share in working out how best to utilise the available resources and eliminate indiscriminate consumption. I feel that very few of us cannot spare an hour every week for what I believe is a worthwhile cause, and I hope that some of my colleagues will think likewise.

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Unwanted journals

SIR,—As a mailing house that handles many free-circulation medical journals, I was interested to see the correspondence in your columns recently (6 October, p 867; 3 November, p 1149) concerning unwanted journals.

Although our role is merely to provide a mailing list to the specification of the individual publisher, we always take care not to include those doctors who do not want to receive a particular journal, provided that such a request has been passed on to us by the publisher concerned. Perhaps I might be permitted the comment that in our experience few doctors take the opportunity of saying "No" when sent a request card, and indeed most of your correspondents have returned "Yes" cards for specific journals according to our records.

Your readers may also care to note that we mail the following journals and correspondence should therefore be directed to ourselves and not the Medical Mailing Company as suggested by Dr Sam Rowlands (3 November, p 1149): *Pulse, Update, Medicine, Medisport, Hospital Update, On Call, Hospital Doctor, and World Medicine*.

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Amnesty International's medical group

SIR,—Amnesty International, a worldwide organisation founded in Britain in 1961, has become an acknowledged defender of the human right to hold and express convictions without threat of torture or persecution. Unfortunately, its scope is steadily widening with the increasing number of individuals hounded, jailed, and tortured in countries of every political hue—for maintaining their political, religious, scientific, or artistic opinion.

A medical group was established within the British section of Amnesty International about a year ago, with the purpose of assisting the organisation's objectives wherever the health of the persecuted is concerned. Its functions are: (1) To advise the Amnesty International research department, by assessing damage to the internee's health during and after imprisonment and torture; reliable reports are scrutinised and whenever possible the victim is examined. (2) To exert pressure on health authorities and members of the medical profession in the countries concerned to provide all necessary care for the maintenance of the physical and mental health of all prisoners; and also to avoid any participation in the penal process, particularly in torture; within this frame must be included the spurious psychiatric treatment of dissenters. (3) Research on the sequelae of imprisonment

Aggressive patients—what is the answer?

SIR,—First of all, may I thank you for publishing my controversial letter on aggressive patients (3 November, p 1147). It attracted much publicity in the lay press and eventually culminated in my appearance on Scottish television with an eminent Glasgow family doctor on 20 November. During our discussion, it was agreed that there was abuse of the National Health Service facilities, including doctors, in most parts of the country by a minority of patients, which was affecting the morale of many general practitioners and, indirectly, the medical care of the majority of patients. The emphasis was placed mostly on health education to make people realise that it is in their interest to use responsibly the facilities provided by the National Health Service, which perhaps is the best in the world from the patients' point of view.

How do we go about educating the public? I wonder whether it might be a good idea to have some kind of association including representatives of patients and doctors, to improve communications from every point of view. General practitioners should acquaint patients with the workings of the Health Service and its limitations, and how unnecessary and excessive demands can affect the care of those who really need it. Patients, on their part, would have the opportunity to explain their grievances—to which, of course, we should be quite open. I am sure that a responsible attitude by the patient to his own health, correct interpretation of his rights, an insight into the problems facing the general practitioner, and the realisation how his own behaviour can affect the quality of treatment can all go a long way in making for a better Health Service and at the same time conserve our valuable resources, both human and financial.

Every day we are reminded that the country is facing an economic crisis, with the worst yet to come, and with every public service facing