discussing the problems of working with the elderly, and the usefulness of bringing in aspects of normal life and using appropriate activities as a means of counteracting the apathy of institutional life. We hope and believe that this form of specific intervention by social workers has made a difference in some small way to the quality of life of the elderly people we worked with, and that there is much more urgent work to be done in this field.

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Services for the mentally handicapped

SIR,—I would like to support Dr N S Gordon's letter (9 February, p 403) on the principle that all doctors have a duty towards the mentally handicapped; and it is to be hoped that paediatricians, neurologists, and child psychiatrists will have sufficient interest to take over much of the specialist work.

It is, however, difficult to find consultants sufficiently versed in all the three main areas of need. These are: (i) the ability to understand the psychodynamics of a "handicapped family" and to offer a sensitive response with the appropriate techniques of family therapy; (ii) the implications of developmental neurology and psychology, particularly in relation to perceptual and communication problems; (iii) the management of the emotional and psychiatric problems peculiar to the severely brain damaged.

All these areas are grossly under-researched and should be sufficiently challenging to attract consultants specialising in this complex field.

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Possible cancer hazard associated with 5-methoxypsoralen in suntan preparation

SIR,—Professor M J Ashwood-Smith raised some questions concerning the use of 5-methoxypsoralen in sun products to induce tanning (3 November, p 1144).

The Bergasol line of products was designed to facilitate tanning without erythema and without ultraviolet burning. The rationale is that pigmentation is the best known protection against carcinogenesis induced by ultraviolet burning and possibly against all types of insults leading to damage and aging of the skin.

The concern about 5-methoxypsoralen is based on its chemical analogy to 8-methoxypsoralen, as pointed out by Professor Ashwood-Smith. He was of necessity limited to information from published data on 5-methoxypsoralen. Laboratoires Goupil have been accumulating data which show *biological* differences between 8-methoxypsoralen and 5-methoxypsoralen. Some of these are quantitative and some are qualitative. They include: (1) The acute and subchronic toxicity of 5-methoxypsoralen in several species is much less than that of 8-methoxypsoralen, with and without ultraviolet radiation. (2) The intracellular distribution appears different. (3)

Studies in progress indicate that 8-methoxypsoralen causes significantly more nuclear damage than 5-methoxypsoralen as measured by sunburn cells in hairless mice. (4) The extent of reaction with nuclear material seems different in quantity and perhaps in the kind of binding.

Since there is benefit in the tanning effect and the extent of risk is implied and not yet really known, the difficult question of how to balance benefit and risk is present. Laboratoires Goupil are very conscious of their responsibility to continue to investigate both sides of this question and are doing so at this time.

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Emergency admission arrangements in hospital with inadequate resources

SIR,—I concur with all that Dr J Andrews says in his letter (9 February, p 405). There are manifold effects of inadequate resources, some of which I would like to add to those mentioned in that letter.

(1) Inappropriate discharges home. As hospitals have progressively fewer beds to admit patients there is increasing pressure on junior staff to send a patient home when it would be more prudent to admit him to hospital. It is impossible to get junior staff to refrain from taking a chance because the realities in the accident and emergency department easily override all proffered advice. I myself have often been influenced by the bed state in making a decision whether to send a patient home, and many of my colleagues admit to the same.

(2) Difficult interrelationships in the accident and emergency department. As doctors request more investigations on patients, in an attempt to screen them more efficiently so that as many patients as possible can be sent home, stretcher boys are not available for doctors to examine other patients and the waiting time in the casualty department increases. The nurses resent constantly explaining to patients the cause of delay.

(3) Deterioration in relationships between casualty and other departments. As casualty officers request second opinions more frequently than before, other residents object to being called out at night, with a consequent deterioration in relationships.

(4) Stopping acute admissions. Administrators do not often see the urgency of getting more beds available and closing the hospital to acute admissions. I have known of hospitals where three patients with myocardial infarction were waiting in the casualty department with no bed in the hospital into which to admit them.

(5) Medical patients in surgical wards. In urban areas, particularly in London, the number of emergency medical admissions is greater than surgical and bed shortages prompt cancellation of booked admissions. The surgical specialties inevitably suffer by these cancellations.

(6) Deterioration in patient-hospital relationships. Increased waiting times, repeated cancelling of cold admissions, and a general sloppiness in attending to patients' needs results in patients' losing confidence in a hospital.

It may be unrealistic to expect more money from the Government in the present economic

state and perhaps the only way out for doctors is to tell the patients squarely the difficulties of the system.

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Radiotherapy work-load statistics

SIR,—The useful work load of radiotherapy departments is very easy to assess but not, I think, by means of DHSS SH3 returns, as the article by Dr R F Mould (16 February, p 501) would suggest.

We add together all the salaries paid to department staff in a year and a machine and room cost (about £18 000 per cobalt machine, a little more for linear accelerators). From the cancer registry we know not only the number of cases treated but the number cured. At Pembury it cost £10 a day to treat an out-patient and £40-50 to treat an inpatient, so it costs £250 to cure a case of testicular cancer (mostly curable) and perhaps £300-400 for Hodgkin's disease. Although each patient is treated as an individual, radiotherapy departments are much more like small factories than any other part of the hospital service in that their work can be costed.

I would like to argue that we must look at particular departments and diseases and make decisions about closure on such real evidence.

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Are health services important to the people's health?

SIR,—Dr J N Morris in his article "Are health services important to the people's health?" (19 January, p 167) raises important issues which are fundamental to the better provision of "health."

"Prevention" of disease is politically attractive but in practice conventional preventive medicine has little to offer the majority of patients. Dr Morris raises the novel concept of "prevention" as applicable to the "prevention" of deterioration in a chronic illness; this polemical argument may have a significant practical advantage if by invoking the "prevention" label it is possible to reverse the current trend of depleting the acute hospitals of resources in order to provide more facilities for the chronically ill *after* their disability has irreversibly progressed.

Successive governments have failed to take the necessary measures to curb alcohol, tobacco, and food addiction and to promote health education; this has a disproportionately severe effect on the lower social classes, who thereby are most liable to develop ill health—provision for which is already jeopardised by the curtailment of facilities for the prevention of chronic ill health. The serious debate asked for by Dr Morris must include consideration of the proposition that the National Health Service is a misnomer¹; the National Health Service is really an amalgam of three services—a National Illness Service, a National Wellness Service, and a National Social Service. At present what is happening is that the National Illness Service is being depleted in favour of the other services, whereas in fact the National Illness Service, particularly the