Correspondence

Letters to the Editor should not exceed 500 words.

Intrauterine Contraceptive Devices

SIR,—Boldly authoritative, Mr. John A. Stallworthy's letter (21 August, p. 476) criticizing your leading article (31 July, p. 249) appears a little unmerited. Admittedly mostly constructive, his remarks seem to overlook your main purpose, which was to draw the attention of your readers to a device for controlling conception, of which as yet most of them in this country will have had little practical experience. Very brief comparison with the contraceptive pill was scarcely avoidable as regards relative usefulness in underdeveloped countries. Conditions in Ethiopia, not perhaps one of the emergent countries where mass contraception is yet required, are probably typical of those in some other parts of the world where it is needed. When, for instance, as in that country, population 22 million, there are more than 50 languages, only three of them written, and most of them mutually incomprehensible, with more than 95% of the population illiterate,¹ it is plain nonsense to expect much success yet from using the contraceptive pill. Its usefulness, quite apart from ensuring adequate regular supplies in geographically remote areas, calls

for detailed instructions to each individual using it. Far better, as you intimate, a device should be used requiring no careful explanation, and, like vasectomy, no further co-operation by the woman or her husband. Mr. Stallworthy's sporting analogy is apt but inappropriate. His letter might, however, raise one further point as regards methods of contraception in this country. If for practical purposes the device and the oral tablet largely replace the older simpler methods, their use on a large scale would appear to warrant offering better facilities to medical officers in charge of birth-control clinics within out-patient departments of general hospitals. Understandably, widespread adoption of these would meet with considerable opposition, lay and professional, but more suitable premises than many now available seem imperative as the newer methods become more complicated and the older ones outmoded.—I am, etc.,

Liverpool 1.

H. VINCENT CORBETT.

REFERENCE

¹ Zartman, I. Williams., *Government and Politics in Northern Africa*, 1964. Methuen, London.

Old People and Mental Hospitals

SIR,—It has become fashionable to express dissatisfaction with the Health Service, usually in vaguely emotional terms, and mostly with regard to conditions of service. It appears to be high time that a voice is raised in anger at the failure of the powers that be to make adequate provisions for a service for which there is a rapidly increasing and urgent need throughout the country. The rising tide of demented old ladies pressing, or being pressed, for admission to the mental hospitals has to be seen to be believed. At this very moment the 50-bedded admission ward of this hospital is forced to extend hospitality to 18 women over 70 who are not likely to vacate their beds by discharge or transfer for many weeks. The inevitable result is demoralization of the staff and a serious reduction in the usefulness of the ward as the active treatment unit for younger women, for which purpose it was designed.

If any of your correspondents should now feel inspired to write in with good advice, let me assure them that all the obvious steps are being taken to try and counter this pernicious trend. There are nearly 300 beds in this hospital specially set aside for senile women patients. It is a sad state of affairs that doctors more or less secretly hope that their patients will not live too long, but in view of the care given by a devoted staff this hope is rarely fulfilled. Resolutions are passed whereby the medical staff undertake not to admit any old ladies to the acute admission

ward. The demands from the community are such that these resolutions are brushed aside by the pressure of reality like so much straw in a gale. There is a waiting-list, of course, for those patients whose family doctors and relatives are less forceful in making known their plight than most of the others.

There are three authorities to whom the care of the elderly on a residential basis is delegated by the Government.

Local authorities, through their welfare departments, provide institutional accommodation for elderly folk who need minimal care, but cannot live alone. Their waiting-lists are a matter of common knowledge. Beds are set aside for so-called chronic sick, usually senile patients, in such diminutive numbers as to give the local geriatrician a chronic anxiety state. The local mental health service is the third and most important facility available to the elderly confused. But whereas the other two can, and do, turn patients away for the sheer physical lack of beds, the mental hospital is not so fortunately placed. It is rarely true to say that there are no beds, and it is not in the tradition of medical practice to deny help when it can possibly be given. But we are forced into surrendering more and more beds badly needed by other age groups with treatable complaints to senile patients with incurable dementia. By failing to provide accommodation in adequate quantity, the country is carelessly destroying a therapeutic facility which could command world-wide admiration.

This problem is becoming ever more pressing. It is painful to repeat clichés, but it

seems relevant to recall in this context that people tend to live longer and have a greater chance to develop senile dementia if their genes have so ordained it. It is pointless to harken back nostalgically to the good old days when families were prepared to venerate and look after their old folk, with grandpa presiding at table and old gran hugging the seat by the stove. In this day and age the average five-headed family is squeezed into the average three-bedroom house, and there is no physical room for gran even if she still has all her faculties intact at the age of 80. And I very much doubt whether in those bygone days the relatively few that managed to survive to a venerable age did in fact become demented to an extent which might have caused a statistical problem. Not even a 12-headed family in a six-bedroomed farmhouse could fairly be expected to devote themselves to the care of an elderly person or two with advanced dementia and all the problems this condition presents.

When, in medicine, a problem becomes distasteful because it seems to lack a solution, then the time has come to start some research. Figures are being collected at this hospital which will no doubt make hair-raising perusal when they finally appear in print. But the path of research and publication is a long and arduous one, and there is no time to be lost if the mental health services are not to be turned into one vast geriatric institution. I therefore hope that you will be able to publish this heartfelt protest in your pages.

This is not just a national problem, it is a national disgrace.—I am, etc.,

Brookwood Hospital,
Woking, Surrey.

RALPH EMERY.

Beds for the Dying

SIR,—The rejection of patients dying from cancer is not, as Dr. Barbara G. Morton suggests (21 August, p. 481), the sole prerogative of teaching hospitals. Not the fact alone but more often the manner of rejection may be deplorable, as for example the clearance of a general ward, not merely for the reception of an "acute" case but (supreme irony) to "tidy up for Christmas."

Like any other form of medical care terminal treatment should be properly organized; the necessary planning may involve the family, the general practitioner, the consultant surgeon, physician, or radiotherapist, the consultant geriatrician (in whose wards this form of care is usually sought), medical social workers, and, not least, the patient. When because of some sudden exacerbation of the disease process—for example, feebleness or incontinence—the need for readmission to hospital becomes acute, I suggest that readmission should be the responsibility of those who have already treated the patient. It may be that more beds are needed in general wards to enable this to be done, and much will depend on the speed with which subsequent transfer to a geriatric ward can be effected. Only by this means