determine when the patient received a prescription from his general practitioner. Of the 24 patients staying with a relative or spouse, 21 (88%) received a prescription from their general practitioner within three days. Of the 19 patients who were living alone, however, only eight (42%) received their general practitioner's prescription within three days.

Our results therefore confirm that postal communication is a relatively inefficient method of passing fairly urgent information to general practitioners, but they also identify a group of frail elderly patients who are dependent on relatives, friends, or statutory services to deliver any necessary communication. Perhaps telephone communication to the general practitioner is the best way of ensuring adequate continuity of care for this group of patients most in need.

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Fiddling while tobacco burns

SIR,—In the light of Dr Simon Chapman's pessimism about tobacco promotion in the Third World (2 January, p 39) may I bring to your readers' notice the fact that we in Bangladesh, although belatedly, have formed an organisation named ADHUNIK. This is a Bengali word composed of the first letters of a sentence meaning "we prevent smoking." This is registered with the Ministry of Social Welfare and is the only organisation of its kind in Bangladesh. During the first year of its existence, in 1987, it has been able to achieve: (a) a total ban on advertisements for tobacco on radio and television; (b) the inclusion of a section on smoking and health in a school textbook; (c) separate compartments for smokers on trains; and (d) reservation of seats for non-smokers on domestic air flights.

The organisation undoubtedly has a great responsibility in waging a successful campaign against tobacco. In doing so it needs moral, educational, and financial support. May we therefore take this opportunity of appealing to all who are interested in tackling tobacco to join us in any way they can to strengthen our hands.

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Diagnosis of ophthalmia neonatorum

SIR,—Although a Gram stain is an essential investigation in any infant with ophthalmia neonatorum, it has no place in the United Kingdom for the diagnosis of *Chlamydia trachomatis* infection (Dr Joseph Wincelhaus and others, 28 November, p 1377). Such infection in the newborn indicates that at least one parent has a sexually transmitted disease; the physician treating the parents and infant needs to be certain that *C trachomatis* is the cause of the infection.

Appropriate treatment of the newborn should include a topical antibiotic such as tetracycline and a course of oral erythromycin. Although chloramphenicol eye ointment is inappropriate for the management of chlamydial ophthalmia, blood dyscrasias after this form of treatment are so extremely rare that it should be used in preference to neomycin once *Neisseria gonorrhoea* and *C trachomatis* infection have been excluded.

Even in developing countries it may be more

economical to make available a cheap diagnostic test for chlamydial infection than have to dispense expensive antibiotics (four courses for each index case) for the appreciable number of false positive diagnoses which will be made using a Gram stain.

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AUTHORS' REPLY.—We disagree with Dr Rudd's contention that the Gram stained conjunctival smear has no place in the United Kingdom for the diagnosis of chlamydial ophthalmia neonatorum. It is useful for the presumptive diagnosis of chlamydial ophthalmia because the sensitivity is 100% and specificity 92%. Accordingly, local treatment, and in severe cases systemic treatment, can be started immediately while essential confirmation is awaited. When confirmation has been obtained systemic treatment can then be started or continued and the parents and their sexual contacts investigated as we outlined. In very special circumstances, such as when the baby has already received antichlamydial treatment, it may be necessary to test the mother (after explanation) before the correct diagnosis can be established.

We recommend neomycin eye ointment for the treatment of presumptive bacterial conjunctivitis before chlamydial ophthalmia is fully excluded because chloramphenicol can suppress *C trachomatis* and vitiate tests for that organism. Treatment with neomycin eye ointment is promptly effective, is very trouble free, and has no antichlamydial effect. It also facilitates the culture of *C trachomatis* by controlling local bacterial infection. Although blood dyscrasias after local treatment with chloramphenicol are rare, they have been reported¹⁻⁴ and the risk is best avoided. Moreover, it is unknown what happens to the adult who receives local chloramphenicol again after having received it and possibly become sensitised by the drug in childhood.

False positive results of only 8.8% using our Gram stained smear criteria for diagnosing chlamydial ophthalmia do not lead to Dr Rudd's "many courses of unnecessary antibiotics." We also would like to see cheap, simple, and rapid diagnostic tests become widely available for *C trachomatis*. Until they do and are generally used we believe that the Gram stained smear gives a useful presumptive diagnosis of ophthalmia neonatorum.

Dr Rudd states that where *C trachomatis* is the cause of the infection the treatment should include "a topical antibiotic such as tetracycline and a course of oral erythromycin." The use we have for tetracycline eye ointment is as a case holding measure until systemic treatment is started. We know of no evidence that local treatment adds any benefit once erythromycin by mouth is given in adequate dosage.

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Death by inches

SIR,—We would like to add an international dimension to Dr Andrew Robinson's study of longevity (19-26 December, p 1599) by reporting the results of our survey of the factors affecting the appearance and length of announcements of deaths of doctors in Britain and Sweden.

Figures were obtained from the *BMJ* for 1986. The length of each obituary was measured to the nearest 0.5 cm, and this was correlated with age at death and specialty. When age at death was not stated it was calculated by assuming an age of 24 at the time of the qualification. Doctors were divided into the following specialties: physicians; surgeons; obstetricians and gynaecologists; radiologists; radiotherapists and pathologists; anaesthetists; psychiatrists; general practitioners; and others.

The data are summarised in the table. During 1986 there were 433 obituaries, with a total length of 69.71 metres. The average length was 16 cm. The average age at death was 73 years. The mean age at death among surgeons was 74 while that among physicians was 69 ($p < 0.05$). Excluding the physicians, there were no significant differences among the ages of the other groups. Surgeons and the combined group of radiologists, radiotherapists, and pathologists obtained the longest obituaries, while general practitioners received the shortest ones ($p < 0.0001$). No correlation was found between age at death and length of obituary.

Numbers of doctors mentioned in obituaries in *BMJ* in 1986 with age at death and length of obituary

	Total No of doctors	Mean age at death (years)	Mean length of obituary (cm)
Physicians	59	69	17.5
Surgeons	42	74	19.5
Obstetricians and gynaecologists	22	75	18.5
Radiologists, radiotherapists, and pathologists	29	75	19.5
Anaesthetists	14	72	16.0
Psychiatrists	26	75	18
General practitioners	168	73	13
Others	73	75	17
All doctors	433	73	16

We compared these overall figures with the announcements of deaths of doctors appearing in the journal of the Swedish Medical Association, *Läkartidningen*, for the same time period. In 1986 163 deaths of Swedish doctors were recorded at an average age of 71 years. This was 37% of the number appearing in the *BMJ*.

To our knowledge there has been no previous study of the factors influencing the length of obituary among doctors. The total number of doctors in Sweden is only about 23% of that in the United Kingdom. A Swedish doctor was therefore 61% more likely to have his death recorded than a British doctor. The average age at death of Swedish doctors was also two years younger. We thus advise our British colleagues to visit Sweden only if they are in search of fame rather than longevity. They should also not become physicians if they wish to avoid an early demise or general practitioners if they wish to avoid obscurity.

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