like Zimbabwe, India,⁵ and Egypt,⁶ where the widespread use of home remedies has reduced mortality from acute diarrhoeal disease. The principles of oral rehydration in acute gastroenteritis should be common knowledge among parents in Britain (as it is in Zimbabwe) and they should be encouraged to make up solutions as a first aid measure before seeking medical advice.

ROBERT J D MOY

Department of Paediatrics,
University of Zimbabwe,
A178 Harare

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Patients' assessment of out of hours care

SIR,—In their paper on out of hours care in general practice (19 March, p 829) Dr Mary Bollam and colleagues acknowledge that their sampling frame contains only patients who succeeded in contacting a practice doctor.

A total of 1027 calls were recorded during a composite four week period and the 177 calls analysed in greater detail resulted in 123 visits. This suggests that 714 visits would have been made by or on behalf of the 59 principals working in the urban group practices which participated in the study, the equivalent of almost 160 out of hours visits per general practitioner per year. If we assume the national average of 2000 patients per principal this represents 80 such visits for every 1000 registered patients and correlates well with previously reported findings from general practice. The number of patients who attend accident and emergency departments outside normal hours, however, is significantly higher and is now more than 100 visits per 1000 population per year. It is therefore possible, and even probable, that the total number of out of hours calls received during the period of study significantly underestimated the number of patients who sought medical advice outside normal hours during that time. Indeed, Dr Bollam and her colleagues acknowledge that parents of children under the age of 16 were consistently less satisfied than older patients, and the letter from Dr Herman in the same issue (19 March, p 860) draws attention to the high number of self referred children seen in accident and emergency departments at nights and weekends.

Some of these hospital attendances may seem to be inappropriate or even unnecessary, but for whatever reasons, and they are often complex, more patients are seen in accident and emergency departments outside normal hours than are visited by a general practitioner during these times. Many of these departments have insufficient medical staff to cope with the increasing demand but they need to recruit about 60% of medical graduates every year to fill the junior posts that do exist. It is not surprising, therefore, that some posts remain unfilled and that the resulting pressure in these departments is immense. The Casualty Surgeons Association is bringing this serious situation to the attention of the Minister of Health in the

hope that some solutions can be found to a problem which has been long recognised but remains unresolved.

DAVID J WILLIAMS

Casualty Surgeons Association,
Royal College of Surgeons,
London WC2A 3PN

Hypnotic drug use among the elderly living at home

SIR,—We agree with Dr Kevin Morgan and others about the high prevalence of hypnotic drug use in elderly people (27 February, p 601).

With the help of a group of general practitioners our department carried out an epidemiological study on a large elderly population living at home in Brescia, Italy. One of the measures assessed was insomnia and the pattern of drug consumption in 1201 70-75 year olds (386 men and 815 women).

Our data indicated that insomnia (subjectively reported) was frequent in the elderly: 38% of men and 54% of women suffered from this sleep disorder. Only 43% of those suffering from insomnia used hypnotic drugs, while 10% took sleeping pills despite the absence of this symptom. Thus 26% of the total elderly population took regular hypnotic drugs, mainly benzodiazepines (82%), barbiturates (15%), and neuroleptics (3%).

Sleep disorders are often related to loss of life satisfaction and worsening of both physical and psychological wellbeing experienced by the aged; insomnia, however, is not a necessary consequence of aging itself. Adequate care of sleep disorders in the elderly should direct our attention not only to the high prevalence of hypnotic drugs used and their possible side effects but also to the high proportion of the elderly suffering from insomnia and not receiving adequate pharmacological or psychotherapeutic treatment.

As physicians concerned in the comprehensive care of the elderly we must address our efforts towards recognising insomnia and at the same time towards a rational therapeutic approach. There would be little benefit to the health of the elderly if our concern for the incorrect use of psychotropic drugs influenced negatively our ability to improve sleep conditions, which are of particular relevance to wellbeing during aging.

RENZO ROZZINI
ANGELO BIANCHETTI
GIULIANO BINETTI
MARCO TRABUCCHI

Centre for the Study of the
Elderly Condition,
25122 Brescia, Italy

Section 47 of National Assistance Act: a time for change?

SIR,—I agree with Dr J D Fear and his colleagues (19 March, p 860) that section 47 requests often follow a breakdown of social support for the elderly. Community physicians in Birmingham put this information to positive use and attempt to find out and correct weaknesses in the safety net in the provision of care for the elderly.

Social workers are required by the local authority to complete an extensive protocol, while community physicians ask the general practitioners for a joint domiciliary visit for every section 47 request. This is followed by a case conference, and an attempt is made not only to resolve a particular situation but also to ensure that it does not happen again. The system works well.

General practitioners have the competence to provide leadership in such cases as suggested, but I

doubt they would have the time and the know how to resolve complex issues of patient care. In maintaining that the community physician should not be concerned with implementing section 47 the Acheson report has grievously misled itself in not appreciating that a report for a section usually points to a service deficiency, which is the bread and butter of community medicine.

A section 47 admission is not carried out in Birmingham if any party to the case conference or relative objects to its use, provided he or she has the needs of the patient as the prime interest. An appeal mechanism or an independent advocate to represent the interests of the patient would be useful only if the independent advocate, for example, would be in a position to provide an alternative source of care.

Changes in the law are always difficult to bring about and new laws are not necessarily any better than the old ones. I believe that the provisions of section 47 are generally used to positive effect with compassion and due regard to the rights of the patient and there is little evidence to show that section 47 is misused or abused.

S S BAKHSHI

Office of the Medical Officer for
Environmental Health,
Environmental Services Department,
Birmingham B3 2EZ

A licence for breast cancer screening?

SIR,—Dr J B Witcombe must be applauded for his emphasis on the necessity for quality control in the breast screening programme (26 March, p 909), an aspect of health care often ignored in an era biased towards cost effective policies. As he highlighted, radiological skills remain undeniably the most important front line aspect of the programme. In the final instance, however, mammography merely divides the population into either "normal" or "abnormal requiring assessment." The ultimate diagnosis of benign or malignant breast disease results from the application of cytological or histopathological skill.

It is consequently unfortunate that pathology comprised such a small component of the Forrest report. The stated consultant requirements (0.1 whole time equivalent per week per basic screening unit) are now widely considered to have been underestimated by at least 100%. Also, regrettably, no consideration was given to medical laboratory scientific officer staffing or workload. Pathologists now have the unenviable task of defending such omissions to implementation managers, and, needless to say, financial resources remain inadequate. Even with the necessary resources, however, it is improbable that enough trained cytopathologists will be available in the foreseeable future; these numbers are already inadequate for the cervical screening programme. There must also be doubt whether individuals will want to restrict their professional activities to such limited areas of pathology, especially with the presumed medico-legal implications of false positive cytological diagnosis.

Probably, however, the most serious omission from the Forrest report was a requirement for the quality control of cytology and histopathology. If pathological diagnostic accuracy cannot be assured the value of treatment becomes questionable, and data interpretation becomes pointless. Any over-diagnosis of benign or borderline breast lesions as malignant will be reflected in long term improvements in mortality from breast cancer. Although this mortality trend will be acceptable to the government and will lend support to the value of the screening programme, these improvements will be false and will have been achieved at the