

blackmail (Droller, 1964) or other visitors who fail to see a problem. Each may think that he is acting alone. Delivery vans and taxis do deliver from off-licences and leaflets advertise this service. For the first time ever, I have this month been indirectly referred a problem drinker by a conscientious van driver! The patient told me in discussion "there are lots of other branches" (of the off-licence chain).

"Physiological changes of ageing make the elderly more vulnerable to alcohol": while this is true it is believed that the breakdown of ethanol by the enzyme dehydrogenase is not changed in the elderly. However the concentration of alcohol in the body is greater in the elderly, for the same dose. This is because the lipid phase increases in the elderly, consequently there is proportionally less water for the alcohol to enter. Further, the elderly alcoholic is often already light-weight. This reduced water phase is even more marked in women than men, perhaps explaining the rapidity of decline often seen in women with alcohol problems. These points are demonstrated and developed in 288 interesting pages of *Alcoholism in the Elderly, Social and Biomedical Issues* (Hartford & Samorajski, 1984). This book also discusses in some detail alcohol abuse as a cause of dementia, an association supported by King (1986). Brown (cit Kelynack, 1906) in his *The Prevention of Senility* says "... there can be no question that an excess of it (alcohol) does make men old before their time". At a more practical level Age Concern together with Alcohol Concern have produced a comprehensive and helpful leaflet, *Alcohol and Older People* (1988).

Drs Al-Bachari and Acharyya quote from Proverbs; allow me my favourite quote from Dr Kelynack (1906) "With declining mental powers and waning bodily vigour neurasthenic conditions are liable to be established which may tempt the unwary and ignorant to seek relief from the narcotising action of alcohol. When the judgement is dulled and the will enfeebled it is easy for the subject advanced on life's downhill path to quicken all unwittingly his steps, and so unknowingly and unperceived hasten his descent into the silent valley".

M. T. MALCOLM

Clatterbridge Hospital
Wirral, Merseyside

References

- AGE CONCERN. (1988) *Alcohol and Older People*. Age Concern England, 60 Pitcairn Road, Mitcham, Surrey, CR4 3LL.
- DROLLER, H. (1964) Some aspects of alcoholism in the elderly. *Lancet*, **2**, 137-139.
- EDWARDS, G., HAWKER, A., HENSMAN, C., PETO, J. & WILLIAMSON, V. (1973) Alcoholics known or unknown to agencies: epidemiological studies in a London suburb. *British Journal of Psychiatry*, **123**, 169-183.

HARTFORD, J. T. & SAMORAJSKI, T. (eds.) (1984) *Alcoholism in the Elderly: Social and Biomedical Issues*. New York: Raven Press.

KELYNACK, T. N. (1906) *The Alcohol Problem in its Biological Aspect*. London: Richard J. James.

KING, M. B. (1986) Alcohol abuse and dementia. *International Journal of Geriatric Psychiatry*, **1**, 31-36.

KINNEY, J. & LEATON, G. (1978) *Loosening the Grip: a Handbook of Alcohol Information*. St. Louis: C. V. Mosby.

MALCOLM, M. T. (1984) Alcohol and drug use in the elderly visited at home. *International Journal of the Addictions*, **19**, 411-418.

MISHARA, B. L. & KASTENBAUM, R. (1980) *Alcohol and Old Age*. New York: Grune & Stratton.

ROSIN, A. J. & GLATT, M. M. (1971) Alcohol excess in the elderly. *Quarterly Journal of Studies in Alcohol*, **32**, 53-59.

Administration of rectal diazepam

DEAR SIRS

In the health district in which I work, there have recently been difficulties in the administration of rectal diazepam to patients who require this for the acute management of epileptic seizures. This has arisen because of a directive from our local social services department which instructs its staff members that they are not indemnified against its administration. As none of the social services day or residential provisions at present employ clinical staff, this has led to an unsatisfactory situation. The suggestion has been made that an ambulance be called if a person has a severe or prolonged seizure, but this is not a sufficiently rapid response. It has also been suggested that clinically trained staff be jointly appointed to centres by health and social services.

I am writing this letter in an attempt to discover whether similar problems have occurred in the catchment areas of any other consultants in the psychiatry of mental handicap. I will be most grateful to hear from them.

ANTHONY KEARNS

Mental Handicap Unit
Chase Farm Hospital
Enfield, Middlesex, and
Academic Department of Psychiatry
Royal Free Hospital, London NW3

Diary keeping by junior doctors

DEAR SIRS

We would like to add to the comments made by Dr Adams (*Psychiatric Bulletin*, January 1989, 13, 37). He had noted a reduction in the burden of on-call by communicating with other juniors via a diary. During our study of on-call experience (Donnelly & Rice, 1989) we felt that our burden was lightened