helpful if he were to continue to treat him. I feel that in geriatrics most of us do prefer domiciliary consultation and rather blacklist (here I am speaking for myself) the hospital where consultants try to choose times for consultation when they know that the general practitioner is not available. Otherwise, one gets co-operation if one insists on it.

Dr Gerrard (Barnstead): Could one of the consultants tell us the current view on diet in prevention or treatment of arteriosclerosis, with particular reference to animal fats and sugar?

Dr Brocklehurst: You are talking about the decade before old age, I take it? There are so many ideas, but I think you can reasonably tell your patients that animal fats are bad and vegetable fats are good, obesity is bad, excess carbohydrate intake is bad, a lot of smoking is bad and a lot of alcohol is perhaps not so bad. It is difficult to assess the effects of these things and to decide to what extent individuals should be regimented and how odd their lives would become because of the diets which have been recommended to them. I think it takes a very strong-minded person to cut out all animal fats and go over to vegetable fats; after all we are all at risk of atheroma. I seldom recommend dietary restrictions of any kind, because old people do not take to them too well. Although many of these things do good it is not always easy to insist upon them.

Summing-up

The Right Honourable Lord Amulree (Chairman)

As a result of this session, the general consensus of opinion appears to be that all patients who have had cerebrovascular accidents need not necessarily be admitted to hospital; a large number of people would be better off being treated at home.

With co-operation between the general practitioner, the consultant in the hospital and the local authority, I think this state of affairs could be achieved and that geriatrics is the one branch of medicine which can encourage this co-operation.

In conclusion, I would like to thank the speakers and all those people who took part in the discussion periods.