coronary thrombosis and infarction does not support this suggestion.

In his review of the history of coronary heart disease from Graeco-Roman times onwards Michaels (Michaels, 1966) concludes that angina pectoris made its appearance late in the eighteenth century and that the unheralded single attack, " lasting several hours and neither preceded nor followed by angina " was first described in America by Herrich in 1912.

In Edinburgh the first case of infarction in the Royal Infirmary was described by Gilchrist in 1928. Those of us who began our clinical work before the last war can confirm Henderson's statement that to undergraduates of those pre-war years myocardial infarction was a very rare disease.

In the years 1938–1941 I was taught about angina of effort and its relief by sub-lingual glyceryl trinitrate, but the unheralded attack occurring may be at rest was mentioned as a rarity. It is quite inconceivable that cases of infarction were occurring at that time (as Professor McCormick suggests) outside hospital and that general practitioners were keeping them all at home.

For many people living near the large hospitals, in cases of emergency the outpatient department was (and still is) the first port of call.

From the records of hospital admissions, of death certificates, of the post-mortem room, and in the failure of physicians of the stature of McKenzie to record the classical unheralded attack, there is, in my opinion, no doubt at all that myocardial infarction is a new disease of the twentieth century.

In this respect its epidemiology is shared by duodenal ulcer and by diverticular disease. All three were preceded, before the turn of the century, by the appearance of another new disease, appendicitis.

Thanks to the work of T. L. Cleave, we can now understand the very simple cause for these diseases of civilisation and if some of us do get a bit emotional about their appalling toll of death and disability, it is because we believe that their prevention, so supremely simple, has to date been woefully neglected by our profession.

How interesting to note that in your same January issue, in his review of the latest edition of Cleave's book, *The Saccharine Disease* R. J. F. H. Pinsent, gives belated recognition of this great author's unique contribution to medical thought and to prevention. Would that more of our College members, having studied this book, may join Pinsent in believing that, in the words of his review, " the case now made for the impeachment of a refined carbohydrate diet has passed the threshold of credibility."

We might yet see the incidence of coronary thrombosis dwindle to its former obscurity.

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Sir,

After reading " Guidelines for admitting patients with myocardial infarction to hospital " I could not help wondering whether it was a Christmas joke. Somehow, an article apparently from the council of another of the Royal Colleges had found its way into our journal.

No attention was paid by the authors to the opinion of the patient or his relatives. Surely in an area of decision so grey as this the patient's and relatives' wishes should weigh heavily in the decision as to where the patient should be treated. Many patients have clear ideas about where they would like to be treated as a result of their own previous experience of the illness or as a result of what they have experienced through their relatives and friends, through their particular culture and through the media. It is important that the patient feel secure, whether it be at home or in hospital.

Another factor not touched upon was the standard of care that the patient would receive at home. Are the doctor and his team, who are to look after the patient at home, prepared to give the necessary standard of care? Are the communications good between the patient and the doctor? Will the doctor be able and ready to see him quickly at home at any time?

While in other respects this is an excellent article helping us to make a rational approach to what is always a difficult decision, we must avoid professional arrogance.

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COMMUNITY HOSPITALS

Sir,

Your editorial (December *Journal*) on *The Community Hospital* describes the development behind the recent memorandum issued by the DHSS and the Welsh Office. Whilst this memorandum should be welcomed for the fact that it officially recognises the need for hospitals staffed