the bone marrow. Although definitive evidence of rechallenge with the drug is not available,[1] we feel that captopril was the agent causing the bone marrow aplasia. Allopurinol and sulfisoxazole can be toxic to the bone marrow, but it seems unlikely that they caused marrow aplasia in this case. The patient had been taking allopurinol, without any signs of adverse effect, for 5 months before the reaction occurred and had been taking sulfa drugs intermittently for years without any adverse reaction. However, we cannot totally exclude the possibility that an unrecognized interaction between captopril and the other drugs contributed to the aplastic anemia.

The mechanism of captopril-associated bone marrow failure is unknown. As it seems to occur more frequently in patients with renal insufficiency, altered renal clearance of the drug may play a role. About 50% of the clearance of captopril is accomplished by the kidneys through glomerular filtration and tubular secretion.[6,7] In renal insufficiency the consequent accumulation of captopril or its metabolites could damage the bone marrow by a direct toxic effect.

We recommend frequent hematologic monitoring in patients with renal insufficiency or underlying systemic disease who are being treated with captopril.

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More comprehensive institutional geriatric services

Michael Gordon's article (*Can Med Assoc J* 1984; 131: 1196–1197) prompts me to describe the situation we have in Gravelbourg, Sask., a town of 1400 with a served population of more than 3000.

St. Joseph's Hospital stands in large grounds only two blocks from Main Street, and there are no buildings beyond it as we are on the edge of town. South of us and connected to the hospital by an enclosed corridor is our levels two and three 50-bed nursing home, which, because of the passage of time, houses 15 level-four residents. To the north stands a single-storey block of 24 low-rental apartments for seniors. It is not attached to the hospital but is close enough for easy access by foot on concrete sidewalks. The hospital kitchen staff cooks for the nursing home residents and provides Meals-on-Wheels to the adjacent "villa" and others in the town. Many of the part-time staff at the hospital and nursing home provide home care services to residents of the villa as well as to other elderly or infirm people in the town. The two resident physicians in Gravelbourg, of course, serve all three institutions. Although each building is governed by a separate board, each responsible ultimately to a different provincial ministry, they constitute in effect a "health complex".

As the birth rate decreases and as the powers that be restrict the anesthetic and surgical services we provide, the accent becomes more and more oriented towards the ageing upper end of the population because of the steady loss of our young adults in search of education, employment and entertainment to larger centres. This situation must be apparent in hundreds of small towns across Canada and the United States, so I offer our solution as a pleasant and efficient way of organizing the physical plant for geriatric services in rural areas.

Visitors to St. Joseph's Hospital can visit relatives and friends in the nursing home and the low-rental villa at the same time, so that more frequent contact is easy. Residents of the nursing home and villa can readily visit each other and neighbours in the hospital, providing comfort and comradeship in bad times. Access from the nursing home to the emergency department and to laboratory and radiologic services is possible by wheelchair or stretcher without going outside, and little time is lost in transfer and transportation. Not much more is required from the villa, although a connecting tunnel would be an advantage.

The corollary is that doctor visits to the nursing home and the apartments are equally easy. Our need now is a housekeeper and a canteen in the villa for those who are not completely independent yet do not require round-the-clock care.

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Hereditary central diabetes insipidus [correction]

In the article "Hereditary central diabetes insipidus: plasma levels of antidiuretic hormone in a family with a possible osmoreceptor defect" (*Can Med Assoc J* 1984; 131: 1237–1241), by Toth and colleagues, the units for the plasma levels of antidiuretic hormone were incorrectly given as micrograms per litre; they should have been nanograms per litre. The numerical values were correct. We regret any confusion this may have caused readers.—Ed.