benefit from this type of arrangement. Certainly there is present need to initiate controlled trials to measure the hospital effect on coronary patients. The only other data available,¹ on an in-hospital but non-randomized trial, indicate that the early reduction of mortality in the coronary care unit is not sustained over time.

It is for these reasons that we have sought professional criticism directed at the specifics of Dr. Mather's trial and with particular reference to any evidence of bias and selection beyond that clearly stated in the preliminary report. We have been unable to find any grounds for invalidation of the technique of this study.—I am, etc.,

BENEDICT J. DUFFY

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¹ Hofvendahl, S., *Acta Medica Scandinavica*, 1971, Suppl. 519.

Availability of Cadaveric Kidneys

SIR,—Mr. J. S. Garfield's letter 4 December, p. 622) on this subject is to be applauded. However, we feel that poor facilities and over-worked staff cannot fully explain the present lack of kidneys for transplantation. In our experience, the busier peripheral hospitals produce more kidneys than more generously staffed and better equipped teaching hospitals.

We feel that the biggest single obstruction to the utilization of potential usable kidneys is lack of awareness by the staff of the extreme shortage of organs and of the type of patient who may prove to be a suitable donor. When the staff caring for hospital patients become aware of the need for, and the success of kidney transplants, their co-operation is more likely to be obtained, in spite of the admitted difficulties and extra work involved.

With these principles in mind, a concerted effort has been made to elicit maximum co-operation from six large Liverpool regional hospitals, using the following scheme.

(1) The Coroner wrote a document outlining a series of recommendations which would prevent the rights of the prospective donor (and coroner's evidence) from being interfered with by the removal of organs after death.

(2) This document, together with a personal letter explaining the need for cadaver kidneys, was circulated to every consultant in the hospitals via the hospital secretaries, with a request that the principle of kidney removal should be debated at a medical board or staff committee meeting.

(3) When unanimous approval had been obtained at this level, one of us met the consultants, junior staff, and sisters to present the logistical sequence of events preceding cadaver nephrectomy, and to receive their comments.

(4) The hospital pharmacists, central sterile supply department, and theatre directors were approached personally, and the correct perfusion fluids and instruments were purchased. Reprints of relevant articles concerning techniques were obtained when requested.

(5) All those assisting in the procurement of organs are informed of the destination and result of the transplant. Also, staff in participating hospitals are kept informed of the

number and success of transplants procured in the region.

(6) New house staff are addressed on this subject early in their appointment.

We do not claim priority in the use of these methods, but feel that a summary of them will be of interest to those clinicians like Mr. Garfield who are prepared to make the necessary effort to save the lives of patients in terminal renal failure.

Revision of the Human Tissue Act (1961) may well lead to more successful retrieval of cadaver kidneys. But in the meantime continual efforts should be made to remind clinicians and nurses at all levels that they have the ability to save lives of others by identifying suitable donors in their wards. It is up to the surgeons in the regional transplant centres to forge the links of communication and to provide the necessary reminders and feedback, if the best results are to be obtained.—We are, etc.,

R. A. SELLS
M. R. HEAL

Department of Surgery,
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Natural History of Ventricular Septal Defect

SIR,—In your leading article on the natural history of ventricular septal defect (4 December, p. 571) you state that "improvement may also occur naturally in several different ways: by the development of obstruction to flow in the blood vessels of the lung; by a tendency for some defects in infancy to get smaller or even close entirely; or by the development of a muscular obstruction to the outflow tract at infundibular level, which is sometimes even severe enough to cause reversal of the shunt and the development of cyanosis."

The first and third of these propositions can hardly be described as improvement, but rather as manifestations of the relentless progress of disease. The development of pulmonary hypertension in these children consequent upon arteriolar obstruction worsens both the natural and operative prognosis and is, of course, a stage to the development of the Eisenmenger situation. The development of right ventricular outflow muscular obstruction, which requires resection during operative closure of the ventricular septal defect, adds to the operative mortality, postoperative morbidity, and impaired longterm prognosis for these children.

Your choice of the term "improvement" can hardly be justified as an editorial comment in the *B.M.J.*, which is frequently regarded as "gospel." I think this particular comment should be modified.—I am, etc.,

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Spontaneous Fractures of Pelvis in Rheumatoid Arthritis

SIR,—I was interested in the article by Dr. R. T. Tavlör and others (11 December, p. 663), having had experience of a similar case two years ago.

The patient, a woman of 77, had seropositive (differential agglutination test 1:64) rheumatoid arthritis of 10 years' duration for which she had not received steroid therapy.

She felt a sudden, severe pain in the left groin when she stumbled on her way upstairs, following which she was unable to take weight on the left leg. On examination the hip moved freely but x-ray showed an ovoid fragment of bone measuring 5.5 x 2.5 cm lying above and lateral to the hip. It appeared that the anterior inferior iliac spine had been avulsed by the pull of the rectus femoris. The pain quickly settled down with bed-rest, but ambulation was hampered by pain and instability of the left knee, and it was two months before she could be discharged from hospital.—I am, etc.,

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Hospital-based Social Workers

SIR,—The letter from Drs. J. A. Harrington and P. A. Barker (27 November, p. 562) is a timely warning of a difficult situation which is likely to get worse. They rightly draw attention to the salary discrepancy between hospital and local authority-based social workers and recruitment problems which must inevitably follow.

We are concerned to stress the importance of another look at the continuing need for social worker establishment in the hospital field, and particularly in specialist departments such as child psychiatry where the social worker is an important member of the therapeutic team. Long-term secondment can never be a satisfactory alternative to a whole-time commitment and involvement.—We are, etc.,

G. L. DAVIES
A. G. CHISHOLM

Department of Child and Family Psychiatry,
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SIR,—The important letter of Dr. J. A. Harrington and Dr. P. A. Barker (27 November, p. 562) deserves the close attention of every hospital doctor. The social worker is an "essential and integral member of the team" precisely because she is hospital-based; it is a question of accountability to and involvement in the employing authority.

Are consultants, as leaders of the team, fully alive to this threat to their medical programme?

My object in writing this letter is to point out that the decision regarding the position of social workers has not yet been made, so that there is still time for consultants to show their concern through their negotiators.—I am, etc.,

C. F. J. CROPPER

Knole Hospital,
Fareham, Hants

Urinary Infection and Jaundice

SIR,—Professor S. P. Dundon (18 December, p. 748) claims that neonatal urinary tract infection in the absence of malformation is free from any tendency to relapse. The fact is that relapse occurs much less often than with urinary tract infection in later life, but I have seen four examples of it.

A series of 35 babies with neonatal urinary tract infection has been followed over the