ried out with the patients in group B, except they were told that the new drug was acting and that their blood pressure had decreased.

The true blood pressures, all of which showed decreases, were recorded each day as percentages of the patient's basic systolic and diastolic levels established before treatment began. The mean of these percentages were then taken for each patient in each group and the average of these means taken as representative of each group for comparison with the other group. These showed that in group A at the end of the treatment the systolic blood pressure was 90.8% of the pretreatment level and the diastolic pressure 93.0% of the pretreatment level. The corresponding figures for group B were 95.8% and 97.2%. The differences in the systolic and diastolic values between the two groups were not statistically significant ($P > 0.1$ and > 0.2).

Our results in this short trial show that positive or negative information given to the patient does not influence the changes of blood pressure produced by effective hypotensive agents. Therefore the doctor's attitude toward the patient probably does not affect the evaluation of antihypertensive drugs.—We are, etc.,

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1 Freund, J., Krupp, G., Goodenough, D., and Preston, L. W., *Clinical Pharmacology and Therapeutics*, 1972, 13, 172.

Nitrazepam Nightmares

SIR,—The letter from Dr. Frances M. Taylor (13 January, p. 113), about vivid and painful nightmares following the administration of nitrazepam is interesting, and the occurrence of such effects could, in certain circumstances, have far-reaching consequences. Vivid dreams or nightmares after the taking of nitrazepam are commonly mentioned by patients, and appear to differ from those produced by other hypnotics in being less abstract and more frequently remembered on waking. Many doctors and other professional people who are in the habit of making the overnight journey by rail-sleeper between Scotland and London take nitrazepam to ensure a night's sleep with little hangover, so that they can concentrate at their meetings the following morning. A number have mentioned their vivid dreams. One colleague dreamed a whole lecture which he was going to give the following week and recognized some members of his audience. At a particular stage in this dream one of the audience, who was in a certain position in the front row, disappeared through a hole in the floor, and when my colleague subsequently gave the real lecture he was most interested to see what would rally happen at that point in his peroration. Somewhat to his disappointment the lecture went without a hitch. The dreams sometimes vaguely link up various incidents that occurred the previous day or connect them with occurrences that are known to be about to take place. It is not clear whether diazepam may have similar effects or whether it has been merely coincidence that patients taking diazepam have

been observed to waken during a ward round with similar well-remembered dreams.

The important point, and the reason for the writing of this letter, is to remind physicians treating influential patients that throughout history some men in very important positions have allowed their dreams to influence their actions, and the same is no doubt the case in modern times. If a world leader who was influenced by such fantasies were to dream, as a result of taking nitrazepam or a related drug, not that a member of his audience was going to go through the floor, but that his troops were going to go through a hole in the defences of the enemy or that he himself was divinely inspired to take a certain course of action, the consequences obviously could be serious. The doctor who prescribed the tablets might unwittingly have changed world history, and not necessarily for the better.—I am, etc.,

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Nurses for Nursing

SIR,—Many will admire Dr. R. A. Binning's touching faith in the ability of the Salmon structure to solve the problems of the nursing profession in this country (20 January, p. 176) and some may share his wish to protect the system from all criticism for a three-year period. Those of us who depend on the availability of skilled and highly trained practical nurses to look after our patients are inclined to be less optimistic.

At a time when whole wards are closed and non-emergency admissions are banned in teaching hospitals for weeks on end in winter because of nursing staff shortages one is bound to wonder where all the potential disciples of "teaching, the law, medicine, and industry" are hiding, who should by now have been attracted by the Salmon structure into the nursing profession. I suggest that the nursing profession does not need frustrated lawyers, doctors, and business executives, it needs many more nurses—that is, young women trained in the discipline of nursing sick people.

Many hospital doctors feel that the main reason for the low state of morale and chronic lack of recruitment in the nursing profession is that the only way nurses can obtain promotion or improve themselves financially is by giving up nursing. The top-grade ward sister or the nurse who has taken the trouble to acquire special skills such as intensive care, theatre work, or haemodialysis can advance in her career only by making the decision never to look after patients again. Instead she must sit in an office or walk round the corridors trying to be busy when in reality she is often unhappy and frustrated. A well-trained surgeon might feel similarly frustrated if told that the only way to increase his salary was to stop operating and retire to an administrative desk to make decisions about the distribution of surgical beds or the training of surgical registrars. The problem at the moment is not lack of nursing managers or nursing committees but lack of practical nurses to look after patients. Most wards run very well without the help of a "Salmon 7" provided that the sister is given enough nurses to do the job.

On common-sense grounds it seems likely that one way to increase the numbers of

practical nurses is to provide financial rewards for a continuing career in clinical nursing. The present steady loss of skilled practical nurses into the administrative grades could be halted by giving higher pay and promotion to those with higher degrees of skill and experience. This has been suggested before by experienced members of the medical profession, and as a principle it operates very successfully in other walks of life. I fear that if we take Dr. Binning's advice to sit back and wait three years for the Salmon structure to solve its "teething troubles" we are likely to witness a total collapse of the traditionally high standard of hospital medicine in Great Britain for which the nursing profession has hitherto been in large part responsible.—I am, etc.,

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Care of the Dying

SIR,—Sir Keith Joseph and his Department are to be complimented on the convening of the conference on "Care of the Dying" reported in your issue of 6 January (p. 29). All speakers were agreed on the importance of the problems involved, but they tended to approach them from points of view not easily reconciled. As a silent listener to the speakers, I would agree that we need more suitable hospital accommodation, more education, and more centres of research. All increased provision, however, will be only as good as the sensitivity and competence of the staff allow it to be. We heard much of the failures of the family doctor in this field, no doubt on occasion all too true. Yet some of us could find bereaved relatives, or even patients—not notable or important people—prepared to spell out a success story in what had been achieved by them and for them. On occasion the family doctor has been able to contribute both physical treatment and support of the whole person, knowing him both in vigorous individuality, perhaps over a number of years, and in his present extremity.

The conference failed to distinguish between the various standards and varieties of family medicine available, ranging from the city practice with the surrounding forces of urban depersonalization to the comprehensive medicine practised in more peripheral districts. However, I believe that the key to helping the dying patient lies in well-organized groups of doctors closely in touch with their nurses and able to discuss the day-to-day problems of care in their service to the patient. If to this arrangement is added the bonus of general practitioner hospital beds, it should be possible to manage all but the most difficult cases of terminal care. We shall need more education and sensitivity but I wonder whether a visitor from a specialized hospice or institution would not undermine our own confidence that we can undertake the task. There is much mutual support in a happy group practice, and responsibility is the life blood of medicine.

In brief, then, I believe that an extension of the tendency to form groups of doctors with attached nurses, perhaps some day social workers, could go a long way to improve care of the dying, with availability of hospital beds for family doctors' use. We need to accelerate that tendency which is already in progress, of which too few hospital