not jeopardized, and that they get their priorities right.—I am, etc.,

JOHN M. POTTER

Honorary Secretary,
Society of British Neurological Surgeons

Radcliffe Infirmary,
Oxford

¹ Joint Committee for Higher Surgical Training,
Second Report. London, Royal College of
Surgeons of England, 1971.

Adverse Reactions to Oral Antidiabetic Agents

SIR,—I was dismayed to read the article by Dr. E. L. Harris (3 July, p. 29) on the adverse reactions to oral antidiabetic agents. It was quite misleading and represented a most unfortunate example of isolated data collection and presentation without any relevance to clinical practice. The article omitted any reference to the principal adverse reactions to these drugs as seen in clinical practice, for example, hypoglycaemia during sulphonylurea therapy, gastrointestinal disturbances with diguanides, etc. Any general prescriber wishing to gain information about the adverse effects of these drugs would have obtained a distorted picture, to say the least.

However, the article raises a much more serious point—that is, the lack of any systematic method of collecting data concerning the adverse effects of chronic therapy. At the present moment we in diabetic clinics are facing this problem in a most serious way arising from the implications of the recent University Group Diabetes Program Study.¹ The yellow warning card system is simply not working for this type of toxicity. It is salutary to realize that as a species man has been taking tolbutamide for 15 years, which is longer than any chronic toxicity test in animals. These patients should be regarded as being as much in an experimental situation as any patient taking the latest drug from the laboratory bench.

It has been my belief for some years that only by the establishment of clinical pharmacology units in specialized fields in which chronic therapy is used, for example, rheumatoid arthritis, diabetes, hypertension, etc., can the data be gained on chronic toxicity and “early” warnings of these late adverse effects be given and investigated.

From Dr. Harris's article this information will certainly not be gained by the use of the present methods employed.—I am, etc.,

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¹ The University Group Diabetes Program,
Diabetes, 1970, 19, Suppl. No. 2, p. 747.

The Ward Sister

SIR,—It is time someone of the authority of Professor R. Y. Calne (3 July, p. 45) drew attention to the lack of understanding of the problems of our sisters in wards, outpatients, and theatres contained in the Salmon Report,¹ and his letter will be welcomed and supported by all consultants in the N.H.S. When will our administrators learn that the care of the sick is in the wards and practising departments of a hos-

pital and not in the offices or at the desks? When will they appreciate that near-death is not combatted by a business efficiency expert but by years of experience of nursing and medical care?

Administration is essential, but it should not be considered of a calibre superior to that of the practising sister upon whom much greater responsibility to the sick patient rests. The sister should be answerable only to her matron and to the consultant whom she serves—not to a No. 7 or No. 8 or any other digit in this Lewis Carrollian concept of a nursing profession.

Years ago the armed Services realized that only by offering promotion in the specialties equal to that of administrative ability could they overcome their recruiting difficulties and retain their officers. Those in Whitehall and at the Royal College of Nursing and those with theoretical ideologies would do well to remember this if they aim to retain the services of those dedicated to nursing and not to group administration. They would do well, too, to appreciate that the young houseman receives a considerable part of training the result of the advice and influence of these skilful, knowledgeable, and wonderful women. They could consider in addition the value of these experiences when projected into general practice among the communities of the world.

The sister should be encouraged to stay in the ward—not discouraged as envisaged by the Salmon Report. Her “general practitioner” position in the nursing profession should be recognized and rewarded accordingly—not denigrated in dignity, position in the nursing hierarchy, or financial status.—I am, etc.,

STANLEY AYLETT

London W.1

¹ Ministry of Health. *Report of the Committee on Senior Nursing Staff Structure*. London, H.M.S.O., 1965.

SIR,—I have read Professor R. Y. Calne's letter regarding the “Salmonizing” of the nursing profession with great interest.

The basic assumption of the Salmon Report¹ is that women desire the same career structure as men, so its recommendations are designed to appeal to the masculine life-style. Other spheres of social life accede that a woman's life-pattern nowadays takes a different shape from that of a man—not in the nursing service, however. In the future, most of the ward sisters and administrative staff will be male. Hence the abolition of the hallowed title of “matron”—and before long—that of “sister,” too. It is logical to appoint career males to these posts instead of married women, who, if they have families, are bound to be torn with conflict between the duties of home and hospital. Women re-entering the profession in their 40's will have lost their place in the seniority rat-race; I wonder if doing all the hard work at the bedside (and incurring thereby the patient's gratitude) will compensate for everything else that the status-conscious attitude of some hospitals inflict upon one?

What gave British nursing its unique flavour was the fact that it was run by women who had started right at the bottom, in the sluice, and we all knew that by the time they achieved the office of matron they had had the kind of experience which, per-

haps, we were troubled with at any given moment. On the Continent the nursing services are run by the doctors and religious orders, I believe. A nursing service run by men will be *different*. (I choose my words carefully.) Male nurses tend to choose different matters of emphasis to female nurses. Surely the “Elephant” knows best—not to mention the opinion of the chairman of “Jolyons”?

In Professor Calne's specialty the patients are probably too ill to care much about the sex of their devoted attendants, but for myself I'm glad I had my hysterectomy under the old system.—I am, etc.,

ANNE MILLER

Cambridge

¹ Ministry of Health. *Report of the Committee on Senior Nursing Staff Structure*. London, H.M.S.O., 1965.

SIR,—I am writing to support Professor R. Y. Calne in his admirable analysis of the devastating effects which we may expect from the Salmon Report (3 July, p. 45). It has taken more than a generation to start repair on the consequences of Willinck; it will take twice as long to repair the ravages of Salmon. Everybody in active clinical hospital practice will agree with Professor Calne that “the focal point of nursing is the ward sister.” I know of no other profession in which the focal point is to be found almost half-way down the ladder.

It is not too late for Professor Calne's urgent and reasoned assessment to provide the impetus for an avalanche of protest and activity by the medical profession, which would halt the effects of the Salmon Report.¹ —I am, etc.,

LIPMANN KESSEL

London W.1

¹ Ministry of Health. *Report of the Committee on Senior Nursing Staff Structure*. London, H.M.S.O., 1965.

“Lunchtime Abortions”

SIR,—Articles which appeared in the *Sunday Times* (4 July) and in the *Guardian* (5 July) presented a picture of the President of the Royal College of Obstetricians and Gynaecologists and the Chief Medical Officer as being in direct conflict about the promotion of a particular method of terminating pregnancy. It is not the responsibility or right of either of us to promote a particular clinical method. It is for the individual gynaecologist to decide what method he will use once he has reached the conclusion that a pregnancy should be terminated.

Earlier in the year we were in communication about the conditions that were desirable for a trial of a method recently introduced in the United States and already under examination at one teaching hospital in London. A particular proposal for further investigation would have involved the Secretary of State's approval of a place for terminating pregnancy under the Abortion Act. The question at issue was one of safety during a clinical investigation. The consultation was of the informal kind that is entirely consistent with the helpful relationship which has existed for many years between the Royal College and the Department.

The proposal to use a place outside hos-