SIR,—Miss Christine McArdle and others (6 December, p 568) discuss their findings but leave the reader to draw his own conclusions. The most obvious of these may even help to point the way to a remedy.

(1) The geriatric department, with its closed beds, does not have a share proportionate to its needs of the human resource—staff. Recruitment should be encouraged through financial inducements, high-class facilities, and education. The department concerned also does not enjoy its fair share of the financial resources as the weekly costs given clearly show.

(2) It may well be a shortage of suitable housing and domiciliary supports rather than of institutional care (together with inappropriate use of the latter facility by able-minded and able-bodied elderly) which is causing the chain reaction of blocked beds described.

(3) It is not clear which of the 11 patients described should ever have been admitted in the first place. They all had social danger signals which would have warned any geriatrician that they would be easier to admit than to discharge. If the geriatric department is combined with general medicine, or if it has the facilities to take most admissions of the elderly sick direct, the geriatrician is in a position to prevent hospital admission in those many cases where it is not in fact needed. Even if medical treatment is required it may be possible to deliver it on a day-hospital basis. The harm that hospitals can do to the elderly is illustrated by the sequence of disasters which befell these frail old people during their prolonged admissions.

(4) Perhaps instead of relying on the over-stretched geriatric department the authors should have developed their own geriatric expertise at pre-admission vetting, prevention of deterioration in hospital, and engineering discharge from hospital. If insufficient doctors and nurses embrace the speciality of geriatrics it will become increasingly important for general practitioners and consultant physicians to spend part of their training in a department of geriatric medicine and leave it equipped to shoulder the burden themselves.

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SIR,—Although reports prepared by the NHS Hospital Advisory Service are not for publication, the paper by Miss Christine McArdle and others (6 December, p 568) is of such importance that I obtained permission to quote from such a report. It reads as follows:

"The team was informed that there is a high proportion of elderly patients either awaiting transfer to geriatric wards or to welfare homes. It is possible that the apparent shortage of geriatric beds is due to over-provision of medical beds which perhaps need redesignating as geriatric. From the statistics it seems that 25% could well be in this category. Advice: The number of patients over 65 occupying beds in medical wards for over three months should be examined. Consideration should then be given

to deciding whether there should be some redistribution of beds to the geriatric units."

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Shortage of organs for transplantation

SIR,—Eight months have passed since the publication of the British Transplantation Society's report on "The Shortage of Organs for Transplantation—A Document for Discussion." During this period many individuals have expressed their views in the medical and lay press, on radio and television, and in private correspondence to members of our society. Some points raised in the document have been criticised, but for the most part comments have been favourable; yet the serious shortage of kidneys for transplantation persists and owing to the new financial restrictions the plight of patients requiring kidney grafts is worsening. Less funds are available for dialysis and most hospital dialysis places are full. Facilities for home dialysis are limited and many patients requiring treatment have nowhere to turn for help. In view of the seriousness of the situation the British Transplantation Society at a recent meeting decided unanimously to draw your readers' attention to the following points.

(1) The guidance circular to NHS authorities on the interpretation and implementation of the Human Tissue Act 1961 is a helpful document and it is now less urgent to press for the changes in the law recommended in the BTS report.

(2) We intend to urge the Department of Health and Social Security to launch the promised survey on the public's attitude to transplanting of organs and to set up a voluntary register for those who would not wish their organs to be used on any account. The automatic use of such a register would provide an additional safeguard that must surely be welcomed by the public.

(3) Greater efforts should be made to explain the current results of organ transplantation to doctors and to the general public and more encouragement given to the carrying of donor cards. In order to ensure that organ donation after death is widely discussed and considered it would be helpful if questions on this subject were included in the basic information sheet filled in by, or on behalf of, patients attending hospital as well as on driving licences. It is hoped that films and posters will in time provide more effective publicity.

(4) We should aim at the appointment of a liaison officer within each region to explain the need for, and the objectives and results of, transplantation to the doctors, nurses, and administrators in hospitals and to encourage organ donation, especially in intensive care units. The public should be made fully aware of the options available to patients with terminal renal failure. Thus, in addition to dialysis and transplantation of kidneys from dead donors, kidneys can also be donated by living blood relatives. Grafts from well-matched sibling donors, for example, usually have an excellent prognosis.

(5) We should like to see the number of patients waiting for kidney transplantation in the United Kingdom published each week in the medical press.

In the BTS document (copies of which are still available from Mr R A Sells, Renal Transplant Unit, Liverpool Royal Infirmary, Pembroke Place, Liverpool L3 5PU) a code of practice was suggested which included safeguards for potential donors and their families so that an acceptable procedure would be followed in all cases and errors in the diagnosis of brain death could not be made. Acceptance and utilisation of this code of practice by transplantation centres, together with the suggestions made above, should help to increase the supply of donor kidneys for transplantation.

We hope that the supply of kidneys will improve when hospital doctors are made fully aware of the situation. With this in mind we intend to publish in the near future an assessment of the results achieved at present with kidney transplantation.

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Renal transplantation

SIR,—Dr D O Oliver and Mr P J Morris (29 November, p 518), to support their allegation that I am guilty of presumption and assumption in not allowing relations to be approached for permission to remove organs for transplantation, use the doubtful arguments of anecdote and analogy. I could counter the former, with its extract from a letter they received from grateful relations, with a most distressing account of the anguish of the widowed mother of an adolescent girl when asked for her daughter's kidneys, and at their own hospital. The analogy of requesting a necropsy is equally unconvincing as when we wish for such an examination the patient has usually been ill for some time and the relations will have begun to accept their approaching loss, whereas kidneys are usually of value only when their owner has suddenly died from brain haemorrhage or trauma. The coroner usually orders a post-mortem examination.

Your correspondents also appear to ignore the morbid feelings of guilt frequently experienced by those bereaved. Permitting or refusing the removal of organs may cause much soul-searching later, especially when the victim is being kept "alive" on a ventilator until consent has been extracted and, incidentally, consent to "switch off."

But your correspondents also ignore my objection that organs could even be removed, under the Human Tissue Act of 1961 and its interpretation by the DHSS, without consent of relations if they were unavailable for any reason. If the value of donor cards is so limited a donor register should be compiled in spite of the financial cost, unless principle is to be sacrificed to expediency.

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"Normal" solutions

SIR,—In *The Times* of 28 November 1975 (p 6) there was a report of an inquest on a patient who died from the effects of