courteous and may, in some circumstances, become quite outrageous. Readers should decide for themselves where on this scale they would place the following example (from one of the correspondents whose cause your leading article champions):

1. A very long, critical letter raising many points is sent to me as president.

2. In my absence in California, the letter is immediately answered on my behalf by the executive director in a way we had both decided would be the most helpful, by an invitation to come and discuss all the points raised.

3. Without a reply to the invitation, a letter is now sent to the press, identical with the original except that it now adds an expression of doubt about the sincerity of the president on the grounds that the letter was "not answered by him," thus allowing the reader to conclude that the letter was unanswered without actually saying so.

4. Without any apparent embarrassment at having attacked in public the good faith of its president an acceptance is now sent to the invitation to come and talk in the society.

Your leading article may truly say that as an incoming president I inherited many difficulties. Some of them, of course, have yielded in direct conversation to that valuable combination common sense and good will. Others, more complex and requiring a more long-term solution, will take time, and the claims of some of these can be seen to conflict. As an example, what can a president do when told that certain changes are urgent and should be made at once and that one of these urgent changes is that important decisions should be implemented only after they have been fully discussed by the councils of all 34 of the individual sections?

It was apparent at the society's AGM that additional means of communication would be appreciated. An immediate first presidential newsletter perforce concentrated on an urgent matter, the restoration of morale following the publication in *World Medicine* of an article which the editor agrees could have been construed as an invitation to believe that the affairs of the society was in the hands of officers who were "either incompetent or acting from personal motives" (it is now accepted that the article was not intended to give such an impression). The first newsletter was intended to reassure and set the pattern for the future rather than to be informative on matters of detail. The very great majority of fellows and members writing to me were in fact reassured by it and it is perhaps a little unfair to criticise it for "lack of substance." But a letter in the January issue of the society's journal will, as succinctly as possible, inform fellows and members of some of the difficulties and the basis of some of the decisions in regard to a number of thorny problems—the library, attendance at sectional meetings, the new journal, public health education, and Chandos House and the rebuilding programme among them. However, it is my belief that the best answer to doubts lies in deeds rather than words, and, though one cannot have both the speedy introduction of reforms and a greater degree of consultation, I believe that what fellows and members wish to have put before them at the next AGM is a blueprint for the future setting out how the major issues facing the society might be handled both with dispatch and also with the certainty of general support (not by any means as easy as it sounds).

It must be said here that it would be quite

impossible for the RSM, or any other society of comparable size, to remain in existence other than through electing a responsible body to act on its behalf and then trusting it to make the right decisions. A suggestion made at the last AGM, for instance, that council should not make any decisions of importance without first referring the matter to the fellows and members, would be totally impracticable. However, it is reasonable to examine the means whereby officers and council are elected and how the views of the sections are made available, and these aspects of the constitution of the society will undoubtedly receive the examination they deserve.

It is my belief—indeed, from letters received I have ample evidence—that the very great majority of fellows and members of the RSM are satisfied with the general state of health of their society, have complete confidence in the ability and integrity of their officers and council, are glad that all constructive suggestions made constitutionally within the society, and in particular at the AGM, are under careful scrutiny, and are not sympathetic in any way to a small minority with less patience than they have, who damage the reputation of the society by public attack.

When an attack of this kind casts doubts on the sincerity of the president and contains statements which are demonstrably untrue, the temptation is there to write in terms which might genuinely qualify for the title of your leading article, but I have resisted this. Perhaps the *BMJ* would wish me now to list these statements and deal with each in detail but I have used enough space already. If, however, I am to take literally your last sentence—"Their doubts" (that is, all the doubts listed in two long letters, which I would have been happy to spend an afternoon discussing had they been brought to me personally) "should be answered in full and in public"—this is not impossible, given adequate space. It is not clear to me, however, whether or not I am being offered a couple of pages in the *BMJ* for the next few months.

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Nursing at a crossroads

SIR,—The provision of nursing support in adequate quantity and quality is a vital factor in any health care system and is quite properly the concern of the medical profession, for it is the foundation on which doctors work. There is great concern at area level over the present difficulties in staffing hospitals with nurses in sufficient number of the right calibre. My purpose in writing is to alert those who may not be already aware of the situation because there are signs that it may deteriorate.

The problems in our area are probably mirrored in many other parts of the country and may even be worse in some. At the moment we have not enough nurses to staff all our wards and have recently closed a medical ward; the advent of winter makes one certain that contraction of nursing staff through illness may cause further closures at a time when the demand is heaviest. At the moment, provision of finance is not the problem—nurses simply cannot be recruited. While strenuous efforts have been made locally to try to improve the situation, there is one factor which can only be altered by national agreement. The age for entering into nursing is at present 18 and is

shortly to be reduced to 17½. There are very few nurses who do A level courses so it means that those who leave school at 16 may have to wait 18 months before taking up nursing training; this is manifestly not going to happen. I think it a matter of some urgency that entry into nursing be allowed from the age of 17, to be preceded by a year of cadetship so that these girls can enter training straight from school.

Shortage of numbers potentiates the already dangerous situation; when work is laborious and effort not properly recognised, nurses become discouraged. They may leave for other fields or for other areas or even countries in the hope of improving the situation. As numbers get shorter, those willing souls remaining get more and more discouraged, the sickness rate goes up, and a vicious downward spiral ensues. This will no doubt be exacerbated by the intended introduction of the 37½-hour week for nurses. There has been a criminal miscalculation here in that this change will undoubtedly result in a greater relative shortage of nurses; but, as has been pointed out recently, so many of the national and international regulations we accept have financial implications for the Health Service which are not funded.¹ I would therefore like to suggest that one possible way to relieve this problem would be once more to restructure nursing shifts. The old split shifts were deservedly unpopular; the present system, however, whereby the morning and evening shifts overlap between 1.00 and 5.00 pm is wasteful and inefficient. I would like to suggest that shifts be reduced but better spaced—for example, 7.00 am to 2.30 pm, 2.30 to 10.00 pm, and 10.00 pm to 7.00 am. This would give five 7½-hour days for those on day duty and four 9-hour nights for those on night duty, so that no increased numbers of staff would be needed.

Nursing is at a crossroads and there must be a radical rethinking of its role. Until this occurs, we have to ensure that the hospital provides a service which is still based on traditional nursing. I would earnestly beg, through your columns, that doctors become actively involved in this problem and I hope that my two suggestions will be taken up at a higher level.

I G SCHRAIBMAN

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¹ *Hospital and Health Services Review*, 1978, 74, 421.

Severe hyponatraemia in hospital inpatients

SIR,—Dr P G E Kennedy and his colleagues from the Whittington Hospital (4 November, p 1251) draw conclusions from their study on severe hyponatraemia in hospital inpatients which have already been challenged in your columns (9 December, p 1640). The data on which these conclusions are based deserve closer scrutiny.

In their prospective study over a 10-month period only 44 patients had plasma sodium concentrations below 125 mmol/l. We have 34 such patients drawn retrospectively from the single month of November this year (median sodium concentration 120, range 105–124 mmol/l). These hyponatraemic patients represent 4.1% of all medical and surgical admissions during this month. Furthermore, the incidence in surgical admissions is 5.4%, which is no less than 13.5 times greater than