CORRESPONDENCE

Careers for diabetic girls in nursing Eileen Bagshaw.....	1227	Sulphasalazine in rheumatoid arthritis J M Gumpel, FRCP.....	1228	Interaction between oral contraceptives and other drugs Helen M Burt.....	1230
Spring hypoglycaemia in diabetic children J D Baum, FRCP, and Ann-Louise Kinmonth, MB.....	1227	Exercise training in chronic bronchitis D J M Sinclair, MRCP, and C G Ingram, MB.....	1229	Multiple sclerosis: what can and cannot be done E J Field, FRCP, and Greta Joyce, AMILS..	1230
Retroperitoneal fibrosis associated with atenolol M J Gavin, MB, and others.....	1227	Indomethacin treatment of postural hypotension R L G Sutcliffe, FRCPED.....	1229	Treatment of meningitis J Silvia Cargill, MRCPATH; P J Geiseler, MD.....	1230
ECT: balancing risks and benefits J H Brown, FRCPED.....	1228	Unrecognised dehydration during parenteral nutrition G Walters, FRCPATH.....	1229	Atypical glucose tolerance curve in dogs D F du Toit, FCS(SA), and others; P McMaster, FRCS.....	1231
Compliance and epilepsy S D Shorvon, MRCP, and others.....	1228	Bladder cancer as a prescribed industrial disease F J Darby, MB.....	1229	"Patients First" and the clinician's influence in management W I Jones, FRCS.....	1231
Topical corticosteroids on the face J R Murray, MB.....	1228	Management of acute illness in infants Eveline Knight-Jones, MRCP.....	1230	Cars for consultants D M Fraser, MRCP.....	1231

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Careers for diabetic girls in nursing

SIR,—My attention was drawn to the difficulty a teenage diabetic girl had experienced in gaining acceptance by schools of nursing. She was told that, although her examination grades were satisfactory, being diabetic made her an unsuitable candidate for nursing. In the belief that nursing was a particularly suitable career for a girl with diabetes, I made a survey of schools of nursing asking about their attitude towards admitting girls with diabetes. The result of this survey is set out below.

I wrote to all the health authorities in England and all replied. The hospitals varied in size and types; some were independent and some were specialised. The addresses I obtained from the *Directory of Schools of Nursing*. It was found that 111 hospitals were willing to accept pupils with the necessary academic qualifications provided that their diabetes was controlled. One hospital went so far as to write that my inquiry implied a shocking indictment of selection for nursing and, provided that the diabetes was well stabilised and no major complications existed, diabetics were not only welcomed to that particular school of nursing but during periods of mandatory night duty were assured of medical surveillance, in case of the sometimes inevitable physiological adjustment which must take place. The letter continues, "The nursing profession is supposed to be one of the caring professions, and if we cannot offer our resident expertise to help persons with such well-understood conditions as diabetes to gain satisfaction in a career of their choice then it is time to overhaul our ideas." Thirty-four other hospitals had strong reservations, suggesting that students try other jobs first. They pointed out the heavy physical demands, the longer working day, and the difficulty of adjustment to night duty. It was stated that pupils could be trained if the hospital was near their home or if they lived at home. However, they were willing to consider applications.

There was no correlation between the rejections and the size, type, or area of the hospital. They seemed quite unconnected in any way, with the exception of two which were specialised hospitals. Twelve hospitals stated that they would automatically reject all applications from diabetics; most of them gave no explanation, just straight refusals. Two, however, gave the reasons that the student nurses were too busy and often under considerable

pressure. One hospital went on to say that, although on the whole candidates with diabetes mellitus would not be accepted, they had accepted student nurses with diabetes insipidus—usually after a head injury—and that they had been able to cope well.

Many of the letters showed a keen interest in the survey and pointed out how they had successfully trained pupils with diabetes. One hospital had trained a young man with severe diabetes who was now training to be a registered mental nurse at a psychiatric training school. It was made clear, however, by some hospitals that they had tried unsuccessfully to train pupils to become nurses—the pressure had been too great for them.

It seems extraordinary that there should be such a wide difference of opinion on this question. May I, through the courtesy of your journal, ask those concerned with the welfare of diabetic patients to support my plea that girls with diabetes, provided that they are suitably qualified and provided that they do not have particularly unstable diabetes, are allowed to train as nurses.

EILEEN BAGSHAW

Larkmead School,
Abingdon, Oxon OX14 1RF

Spring hypoglycaemia in diabetic children

SIR,—We have recently experienced an outbreak of serious hypoglycaemia among the children attending the Oxford paediatric diabetic clinic. It is generally recognised that with the longer hours of daylight diabetic children may require less insulin or more food in the spring, possibly related to more outdoor exercise. In our experience this usually occurs in April or May and the children and their families adapt their diabetic management without undue difficulty. This March, following a mild but dull winter, and before the weather had improved enough to encourage increased outdoor activities, we appear to have experienced the worst outbreak of hypo-

glycaemia since the clinic was established in 1973.

It is difficult to quantify the extent of this "epidemic" as mild-to-moderate hypoglycaemic episodes are managed without medical consultation. However, in the two-week period 9-23 March 13 of the 140 diabetic children who attend the clinic experienced hypoglycaemic episodes that caused them to telephone the clinic staff for aid. Four of these children, all under the age of 10 years, were admitted to the ward having suffered hypoglycaemic fits. In the opinion of the parents these episodes occurred following periods of relatively stable control and were of unusual severity.

There has been no recent change in our policy of clinical management or in the types of insulin used. There are, however, many possible alternative explanations for this apparent epidemic. We wonder, through the courtesy of your columns, whether other clinics have experienced a similar outbreak of premature "springtime hypoglycaemia"?

J D BAUM
ANN-LOUISE KINMONTH

University Department of Paediatrics,
John Radcliffe Hospital,
Oxford OX3 9DU

Retroperitoneal fibrosis associated with atenolol

SIR,—The letter "Retroperitoneal fibrosis associated with atenolol" by Mr J N Johnson and Mr J B McFarland (22 March, p 864) may be misleading.

The patient had a second infarct in 1974. The authors say, "After the second he became hypertensive and was treated with atenolol 100 mg daily." This implies that the patient may have been taking atenolol for a period of five years (1974-9) before he developed retroperitoneal fibrosis. This is not so. He was hypertensive in September 1978 with a blood pressure of 170/110