and nursing staff where only one patient is being treated at present, might be considered for more units, though this would depend on a variety of considerations, including the clinical needs of the individual patient. An increased use of these methods would depend on the necessary equipment being made available to the unit by the DHSS. It would also be of great assistance if renal units in which at the moment as many as 20% of the patients treated come from outside their own catchment area could be reimbursed by the regional health authority of the area in which those patients live, rather along the lines of the educational system.

As you are no doubt aware, some 60 children are dying annually of renal failure because of lack of facilities for treatment. The reason that these children are being denied treatment is not because they would not benefit but solely because of the necessary selection by physicians who are starved of resources.

I am sure it is appreciated that the annual costs of dialysing a patient and of treating a transplanted patient by drug therapy are not comparable, and the money saved by transplantation could be employed in increasing dialysis facilities. My suggestions for improving the fearful shortage of cadaver kidneys for transplantation are as follows. That we should adopt the scheme running in California with great success whereby each transplant unit has appointed a liaison officer to liaise with and educate the hospitals in his area, creating awareness of the need for donor kidneys. That a good educational film for this purpose should be made. That the hospital admission form should carry the innocuous question, "Are you a kidney donor?", again creating necessary awareness and making the task easier for the hospital doctor. And last but by no means least that we should introduce the scheme operating in Holland at the moment with great success whereby the procuring hospital is reimbursed for the costs involved in the notification of a potential donor and the removal of the kidneys after death.

I would appreciate the comments and advice of those of your readers who are as gravely concerned about this situation as I am.

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Cimetidine and ulcers

SIR—We enjoyed your leading article on this subject (27 November p 1275), which covered the properties of cimetidine and its role in peptic ulcer and related diseases very extensively. However, several statements require comment.

Rats and dogs have been treated with very high doses of cimetidine for long periods of time¹ and both species are known to metabolise cimetidine in a fashion similar to man.² However, contrary to your statement, long-term studies have not been made on mice and cats.

The inhibitory effect of cimetidine on gastric acid output³ results not only from a diminution in the volume of the gastric juice but also from a significant reduction in acid concentration.

With regard to comparative studies, unwanted effects of parasympathetic blockade by anticholinergics might make it very difficult to

compare them with cimetidine in a double-blind controlled trial. In any case there is little evidence from controlled trials to indicate that anticholinergics have significant beneficial effects on peptic ulceration.⁴

You say that the case for treating gastric ulcer with cimetidine is not proved. A multicentre controlled trial⁵ on about 50 patients has shown a significantly superior effect of cimetidine over placebo in the treatment of gastric ulcer, the healing rate being similar to that achieved with duodenal ulcer. A preliminary report⁶ suggests that cimetidine is likely to be superior to carbenoxolone in the healing of gastric ulcer.

We were interested in the advice given in your article that treatment with cimetidine should be given for two months. The available evidence from controlled trials shows that healing of 70-80% of gastric or duodenal ulcers occurs after four weeks of treatment (six weeks in one trial⁶). More prolonged therapy at full doses might indeed produce healing of the few remaining ulcers, but there are no data to confirm or refute this.

You suggest that cimetidine has not been sufficiently evaluated in other conditions. It has certainly been extensively evaluated in the Zollinger-Ellison syndrome.^{7,8} The data indicate that it may be used in the long term for patients in whom surgery is unlikely to provide further benefit and also in the treatment of patients in whom surgery should be delayed or avoided.

We would suggest that cimetidine is likely to be effective in the management of bleeding from the upper gastrointestinal tract,^{8,9} although it is true to say that it will probably be most helpful in bleeding arising from erosions and not from a major blood vessel. There is little in the evidence to support your conclusion that in cases of haemorrhage cimetidine should be restricted to patients who are seriously ill, provided that clinicians continue to recognise the indications for early surgical intervention. On the contrary, in many instances its use may avoid recourse to emergency surgery.

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¹ Leslie, G B, and Walker, T F, *Proceedings of the Second International Symposium on H₂-receptor Antagonists*, London, 1976. Amsterdam, Excerpta Medica. In press.

² Brimblecombe, R W, and Duncan, W A M, *ibid.*

³ Burland, W L, *et al*, *British Journal of Clinical Pharmacology*, 1975, **2**, 481.

⁴ Ivey, K J, *Gastroenterology*, 1975, **68**, 154.

⁵ Multicentre Trial, *Proceedings of the Second International Symposium on H₂-receptor Antagonists*, London, 1976. Amsterdam, Excerpta Medica. In press.

⁶ Hunt, R H, *et al*, *ibid.*

⁷ Stage, J G, *et al*, *ibid.*

⁸ Burland, W L, and Parr, S N, *ibid.*

⁹ Dykes, P D, *et al*, *ibid.*

Norval

SIR—I would like to point out a potential hazard caused by the reintroduction of this brand name by Bencard, a member of the Beecham group. In the last week an antidepressant product containing mianserin hydrochloride has been marketed under the brand name Norval (the same drug is already on the market as Bolvidon (Organon)). How-

ever, up until 1969 this brand name Norval was used by Horlicks Ltd (subsequently taken over by Beechams) for a laxative product containing dioctyl sodium sulphosuccinate. There is thus a possibility that both doctors and pharmacists may still remember this name from when it was used originally and also that stocks of the original product may still be held by some pharmacies. As a consequence patients could therefore receive a laxative for an antidepressant or vice versa. In these circumstances the outcome would probably not be hazardous, but in other circumstances it could be.

I feel that firms should not be allowed to reuse a brand name which they have previously used for a totally different product, without allowing a much longer time to elapse before its reuse and that this is a matter in which the Committee on Safety of Medicines, whose permission is necessary before any new brand of drug can be marketed, should take action.

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"Obstetrics, Contraception, and Gynaecology"

SIR,—In our opinion, working in a large obstetric unit in close co-operation with general practitioners, Mr A G Amias's criticism of Mr David Brown's book (6 November, p 1138) is far too harsh.

It is carping to take a paragraph to discuss the name of the book, albeit some may consider it rather clumsy. It in no sense purported to be a reference book but rather to provide simple guidelines for junior grades in training and general practitioners, a function which we think it fulfils admirably. There is an obvious need for this type of work in so far as his previous books and now this one have been so well received by the profession. Finally, one quality that it has is readability, a quality sadly lacking in many publications.

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Counselling and the student

SIR,—Mr Brian Thorne (20 November, p 1245) writes as if a warm personal interaction with his client was all there is to success in counselling. Certainly the ability to experience and to convey empathy is necessary, although many would not accept that physical contact is an essential or even a desirable part of that process. Perhaps the true skill in counselling is to combine empathy with an attitude both objective and "analytic" and to respond to the client/patient with that type of understanding which combines a personal acceptance with painstaking exploration of the problems. How a person comes to feel the way he does is as important as what he feels.

Here Mr Thorne probably does himself less than justice. He disparages diagnosis—it is true that many of the difficulties students present do not fit into traditional psychiatric categories (nor do most of the emotional problems brought to general practitioners)—and then goes on to make one: "over-taxed head and a palsied heart." His question, "Why not leave