tainly pointed to the atrophic kidney as the leading suspect. The history of polyuria (nocturia) at the onset of the patient's symptoms, however, would suggest the possible role of increased aldosterone secretion. The values of serum sodium and potassium would therefore be of some interest. The malignant phase of the disease is against primary aldosteronism,¹ but would appear not to be completely inconceivable or incompatible.² The finding of a small adrenal adenoma in "slightly heavy" adrenals is therefore of some interest in a hypertensive patient, even in the presence of proved renal artery disease.

I raise this point because primary aldosteronism can easily be missed if a diligent search is not made for evidence of potassium depletion with autonomous adrenal secretion of excessive aldosterone. Difficulties arise only in cases with hypokalaemia, normal serum sodium, and increased aldosterone secretion in association with obvious renal artery disease when definite proof of the participation of the kidney is lacking. Particular attention to the degree of cellularity and granularity of the juxtaglomerular apparatus in the smaller kidney might have been an important clue in this particular case, except that prior diuretic therapy had been given. In primary aldosteronism the juxtaglomerular apparatus might appear inactive because of increased aldosterone production from a tumour.

Of course, the finding of an adrenal adenoma in a hypertensive patient does not justify the diagnosis of primary aldosteronism, but neither should the finding of renal artery stenosis always convict the kidney.—I am, etc.,

Toronto, Canada. E. CARL ABBOTT.

REFERENCES

- ¹ Conn, J. W., Knopf, R. F., and Nesbit, R. M., *Amer. J. Surg.*, 1964, 107, 159.
- ² Kaplan, N. M., *New Engl. J. Med.*, 1963, 269, 1282.

Attitudes to Nursing Among Intelligent Schoolgirls

SIR,—We do make a great effort to recruit nurses "personally" in some hospitals, and I would like to outline some of the methods we have adopted in a large recruitment campaign just being completed by the three hospitals of which I am matron:

(1) During the autumn 24 career talks were given at local schools. To each we took a staff nurse or student nurse, in uniform, who was a good looker and a good speaker. After the talk had been given the student nurse was frequently left alone with the schoolgirls to answer their questions informally—many more questions were asked in this way.

(2) At two of the hospitals the trained staff invited all the school heads and their deputies to a sherry party. These were a great success and were very good for communications.

(3) At St. Margaret's Hospital, Epping, 450 schoolgirls attended open days and a hospital exhibition, which was held for girls and boys interested in nursing and other hospital careers. Films were shown on student and pupil nurse training and the nursing cadets acted as guides to take parties of schoolgirls round the hospital, the school of nursing, and the nurses' home.

Similar open days are being held at Harlow Hospital in December for schools in this area.

A successful "back to nursing" course is also under way—an average of 36 candidates attend classes each Thursday afternoon, and we have a waiting-list already for a similar course in the spring of 1965.—I am, etc.,

MARY W. BOURNE,
Matron,
Harlow Hospital,
St. Margaret's Hospital, Epping,
and Honey Lane Hospital, Waltham Abbey,
Essex.

Typical Medical Students

SIR,—Mr. M. J. R. Healy (31 October, p. 1138) doubts whether the analysis reported by Dr. Walton and his colleagues (19 September, p. 744) has indeed identified "types" of medical graduates, and suggests that the bipolar factors are better regarded as "continuous scales along which the actual individuals can be located." Such a definition would be correct in relation to factors derived by R-technique (i.e., "ordinary" factor analysis). "Delegate analysis," however, is in essence a variant of "Q-technique," in which correlations are carried out not between *tests* but between *persons*. Consequently, in interpreting the data one must—if one can, and it is quite a difficult exercise—adjust one's thinking so as to consider tests in the role of persons, and vice versa. In R-technique a factor may be regarded as a "dimension," as Mr. Healy suggests, but the consensus of opinion is that for Q-technique this is not so. Thus, Guilford¹ writes: "What the Q-technique brings out is personality types or syndromes. . . . Only when a syndrome is dominated by a single common factor would a Q-technique factor coincide with an R-technique factor."

The extent to which individual graduates resemble the types can in fact be determined, and in any case one "recognizes" individuals in the types. But one does not expect any individual to be representative of a "pure" type, any more than one would expect a test to be a "pure" measure of a factor in which it has a loading. The very considerable residuum of what constitutes the individual personality remains, and it is this that corresponds to the specific factors to which Mr. Healy rightly calls attention.—I am, etc.,

Department of
Psychology,
University of Edinburgh,
Edinburgh 8.

BORIS SEMEONOFF.

REFERENCE

- ¹ Guilford, J. P., *Psychometric Methods*, 1954, 2nd ed., p. 529.

Family Planning in London Teaching Hospitals

SIR,—Mr. Elliot E. Philipp (31 October, p. 1132) has pointed out in his letter the lack of training in contraceptive techniques in London teaching hospitals. I would like to emphasize the point which he also makes, that nurses and midwives rarely receive any instruction whatever in this subject. It might be argued that this is outside the scope of a general nursing training, but midwives and health visitors at least ought to have some knowledge of contraception, and this subject should be included in the regular curriculum.

A few of the training schools do include one lecture on family planning, and an opportunity is given to attend a clinic, but many

of these otherwise highly trained nurses know nothing about contraception, and they have told me that they have had to learn from their patients. This subject is often included in refresher courses if the programme allows, but provision for this is inadequate and years of work precede attendance at a refresher course.

If doctors were willing to use their influence on those who decide the curriculum of training then this vital subject might be included in the education of all health visitors and midwives.—I am, etc.,

London S.W.7.

ALISON GILES.

SIR,—May I be allowed to congratulate Mr. Elliot Philipp on his timely and excellent letter (31 October, p. 1132)? There is no doubt that the teaching of contraceptive techniques to medical students and even to the newly qualified doctor is grossly inadequate at present. The basic reason for this is that the provision of contraceptive advice and help is not a part of the National Health Service, excepting in cases where there is a "medical" indication.

In order to give contraceptive advice one must have a regular clinic so that patients may return for checking of appliances and for careful follow-up. The establishment of such a clinic is not at present possible in a National Health Service hospital. Those of us who are keen to teach medical students the rudiments of contraceptive techniques find it necessary to demonstrate on a small and highly selected group of patients for whom one can establish adequate physical medical reasons, and even here one encounters considerable difficulties in obtaining and dispensing supplies of contraceptive equipment.

At the present time the oral contraceptive in its many forms is being used on a very large scale in this country, and, virtually speaking, all clinical experience is in the hands of the Family Planning Association. There are very few gynaecological consultants who can claim to have large experience in the use of these potent drugs, since, broadly speaking, they will be using the drug only on private patients. Since the progesterone/oestrogen mixtures are an exceedingly important part of the modern armamentarium of hormones it is a particular pity that their main usage should not be under the supervision and control of the appropriate specialist concerned.

The failure of teaching is not solely confined to imparting the skill to fit and test contraceptive appliances but also in the wider and more important aspect of psycho-sexual medicine, and no doctor or midwife is qualified for very long before the lack is apparent. Dr. Sylvia Dawkins (14 November, p. 1267) makes this point most clearly, and I am sure that the popularity of her clinic is due in no small degree to the fact that patients find it possible to discuss sexual problems there—a thing all too frequently impossible with the family doctor.—I am, etc.,

London W.1.

PETER DIGGORY.

Cephaloridine

SIR,—We would like to voice a strong protest at the manner in which the new drug Ceporin (cephaloridine) was brought to the