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DEAR SIR,

In their article, Moody and Allsopp (*Journal*, August, 1969, p. 923–8) reported water and electrolyte circadian rhythm changes in twelve female manic-depressive subjects, and concluded that, although there was a tendency for the water rhythm to be associated with the depressive phase of the illness, 'no constant pattern of change' could be determined, the water rhythm being advanced in six subjects and delayed in six.

Although the authors note that 'seven of the group were pre-menopausal whilst five were post-menopausal' there is no indication that this significant difference in endocrine status was considered a factor influencing the inconclusive results from this study.

The effects of sex hormones upon water and electrolyte balance and the implication of sex hormone imbalance in certain depressions (Rees 1966, Hamilton 1962) and in other psychiatric conditions (Torghele 1957, Taylor 1969) suggest that a re-evaluation of the data from this study with consideration for the endocrine status of each subject, might clarify Moody and Allsopp's inconsistent findings.

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DEAR SIR,

In specifically studying patterns of water and electrolyte excretion, our prime object was to establish whether significant differences did in fact exist on comparing the profile of urinary output in the depressed and normal periods. This was a necessary prerequisite to investigating the factors responsible for any such changes.

Dr. Heymann's interesting hypothesis would, on present evidence, appear to be well worth testing if the rather difficult combination of isolation, metabolic and monitoring requirements could be met in psychiatrically ill as well as in normal subjects. An extension of such work could have fascinating implications for researchers in psychiatry and in aviation medicine interested in problems related to phase shifts.

Dr. Taylor raises the complementary and related point of looking at the possibility of explaining the observed phenomena on the basis of 'hormone imbalance'. We had examined the data in relation to several parameters not listed in our paper, and found that the pre/post-menopausal status and phase of the menstrual cycle in our patients were not correlated with delay or advancement of the water or sodium rhythms. However, we should like to stress the point that to draw more than the most tentative conclusions about the endocrine status of the patients from purely clinical observations would be quite unwarranted. A study aimed at obtaining the relevant data would involve the formidable task of measuring production and secretion rates, plasma levels and excretory patterns of the relevant sex hormones at frequent intervals. Furthermore, careful studies (Watson & Robinson 1965; Bruce and Russell 1962) have often failed to demonstrate a clear relationship between the phase of the menstrual cycle and water and electrolyte changes. We feel that the examination of aldosterone secretion rates and control mechanisms is more immediately relevant to the problem, and one of us (M.N.E.A.) is now engaged in such a study.

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NURSES FOR CHILDREN'S UNITS

DEAR SIR,

Dr. Wardle (*Journal*, October, 1969, p. 1228) has written about a problem of great importance to those concerned with the running of psychiatric in-patient units for children and adolescents.

My own view, based on four years' experience of an in-patient unit dealing with 20 psychiatrically disturbed children from 10 to 16 years of age, is that there is a definite but limited place in such units for nurses,

especially at the sister level. They bring along traditional nursing techniques in so far as they are required, they provide a useful link with the nursing and lay administration of the parent hospital, and they can develop special skills of particular value in these units, mainly involving day to day management and the facilitation of communication between staff, patients and families.

However, those members of staff in children's units who spend most of their time with the young patients and who are usually employed as nursing assistants seem to have little to gain from their continued association with the nursing hierarchy. They function more like social workers than nurses. An independent career structure linked with other sorts of residential work with children would have much to offer them. They could well be called: Child Social Therapists. Like Dr. Wardle, I have found there to be an abundance of suitable people, often of exceptional quality, coming forward for this type of work. The recruitment, appointment, training and deployment of these people is entirely at the discretion of the nursing administration whilst they remain part of the nursing establishment. This can be a satisfactory arrangement when there is real co-operation with medical staff on these matters and they are appointed solely for this specialized work, a state of affairs which we happily enjoy at High Lands. Otherwise it is not possible either to assemble or maintain a group of suitable staff of this sort who can function as useful members of a therapeutic team dealing with emotionally disturbed children.

I believe that if the following practical suggestions were to be accepted by the Health Service, the present position would substantially improve: 1. *Advertisements* to be for 'workers with emotionally disturbed children'. 2. *Selection* of applicants to be by doctors as well as nurses. 3. *Visits* to the unit to be arranged prior to interview. 4. *Appointments* to be made specifically for the children's unit without any obligation to work elsewhere. 5. *Hours of work* to be in accordance with the clinical requirements of the young patients, and to be on a part-time basis when necessary. 6. Some increase in salary over the basic rates for nursing assistants to allow for (a) previous relevant experience and qualifications (b) years of working in a psychiatric in-patient unit for children 7. *Responsibility* to be towards doctors, established child social therapists and nursing sisters. I would hope that the acceptance of 'a charter' like this would be accompanied by the establishment of courses which these workers could attend, possibly organized by a university social work department, leading to a recognized qualification.

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OSCAR NEMON'S FREUD STATUE: AN APPEAL

DEAR SIR,

This is an appeal for a personal contribution from all of your readers who may feel that Freud's importance merits that he should be commemorated by a statue.

The Freud Statue Committee has been formed to buy the statue based on a study of Freud and made by Oscar Nemon in 1929 with Freud's co-operation, and to present it to the Borough of Camden so that it may be erected in Hampstead near where Freud lived at the end of his life and where he died. The Borough Council has agreed to accept it and to erect it on a site at the junction of Fitzjohn's Avenue and College Crescent. It is now being cast in bronze.

I personally have taken it upon myself to collect the necessary money. It seemed appropriate first to ask the psycho-analysts of the world to contribute towards this project, and by making personal contact with my colleagues I have been able to raise about £6,500 on behalf of the Committee. There may, however, be many other psychiatrists who would like to contribute. We aim to raise the total to about £10,000.

It is suggested that an appropriate amount would be the equivalent of a consultation fee, but smaller amounts are welcome. To subscribers of £10 the sculptor is giving away a desk-size bust of Freud about 5 inches high; there is a full-length figurine for subscribers of £15 or more. Cheques should be made payable to the Freud Statue Committee and sent to me at 87 Chester Square, London, S.W.1.

D. W. WINNICOTT.