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CORRESPONDENCE

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 should be typed with double spacing between lines and 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.

Mastectomy and its consequences

SIR,—We write in total support of the views expressed by the surgeons of North Tees in their paper "Mastectomy and its consequences" (24 April, p 1246). Despite much literature and research defining the psychological problems and needs of patients who have had mastectomies,[1 2] their problems remain generally unanswered.

Over the last three years at King's College Hospital we have established a counselling service for patients with early breast cancer to try to provide some answers, and this service is at present under critical evaluation.[3]

The aims of our study are to assess the impact of preoperative and postoperative counselling on recovery rate and psychological adjustment to mastectomy, to assess the effectiveness of the patient's own psychological resources, and to try to develop standardised methods of identifying patients most at risk of developing serious psychological morbidity. In addition to this aspect of our work the service provides appropriate intervention and referral to specialists for specific psychosocial problems. Practical help is also offered about clothing, swimwear, and provision of prostheses.

Much of the nurse-counsellor's work with the patients is carried out in their own homes, thus providing an effective liaison between hospital and community services.

On reading the correspondence (15 May, p 1473) subsequent to the publication of the paper from North Tees General Hospital, it would appear that some do not fully understand the purpose and process of counselling. We would offer this definition. Counselling is a verbal interaction between patient and counsellor which endeavours to give the patient freedom to express feelings, and thoughts, and to examine her problems and through this interaction draw on her own resources to achieve a natural coping strategy.

Training to undertake a counselling role and in interviewing techniques is available and advisable, as detection of psychiatric morbidity requires specialist skills. This activity cannot, therefore, be undertaken by well meaning but untrained volunteers.

The mastectomy nurse-counsellor is a rare breed of animal. Whether this breed should enjoy conservation is a question to be answered in time only by critical evaluation of established professional services before there is proliferation of ad hoc groups uncritical of their own work and for all we know inducing rather than relieving anxiety.

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[1] Morris T, Greer HS, White P. *Cancer* 1977;**40**:2381-7.
[2] Maguire GP, Lee EG, Bevington DJ, Kuchemann CS, Crabtree RJ, Cornell EE, *et al. Br Med J* 1978;i: 963-5.
[3] Denton S, Baum M. In: Margolese RG, ed. *Breast cancer*. Edinburgh: Churchill Livingstone (in press).

Importance of thyroxine in suppressing secretion of thyroid stimulating hormone

SIR,—We were delighted to read the letter by Dr J N MacPherson and his colleagues (15 May, p 1479), suggesting that the thyrotrophin releasing hormone (TRH) test should no longer be regarded as the most sensitive index of thyroid replacement therapy. Our pleasure derives from two sources. Firstly, this is yet another example where clinical observation turns out to be correct when in apparent conflict with data derived from the laboratory. Secondly, we believe that complete thyroid replacement rather than replacement to relieve symptoms is important in reducing morbidity and mortality in hypothyroidism. The problem of thyroid dosage is of only academic interest to those who do not share our belief. Evered and his colleagues[1] used a normal basal thyrotrophin (TSH) concentration and