weeks' gestation. During seven weeks of vomiting she lost 12.2 kg weight before the pregnancy was terminated. A further weight loss of 5.8 kg had occurred three months before the pregnancy, when she was vomiting in association with a urinary tract infection. This weight loss of 18 kg in six months before the spontaneous pneumomediastinum represents starvation. We consider that this feature of severe hyperemesis gravidarum was the predominating factor in this case.

Cases of spontaneous pneumomediastinum associated with severe hyperemesis gravidarum may escape detection owing to a natural reluctance to use radiographs in early pregnancy.

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Transcendental meditation

SIR,—It really should not be necessary for a medical statistician to bring to your attention such obvious omissions as occurred in the report of Miss Diane K Thomas and Mr K A Abbas (23-30 December, p 1749). In the introduction we are told that there are deficiencies in previous reports on the effectiveness of transcendental meditation. Then this report omits any statement about randomisation and by implication therefore is not reporting a randomised trial. We are not told how or why these patients were selected either for this trial or for each treatment regimen. We are not told what the treatments were, in terms of how often or for how long each was given. Most importantly, we are not told how many patients were in each group, nor do we have any idea about the variation in the two scores at any time in the process. Furthermore, if neither the initial nor the final scores differed between the groups why is the P value as low as 0.002? Then the interesting comparison for the Spielberger (erger not urger) score is not assigned a P value but the uninteresting non-significant comparison is (P=0.002).

In the final paragraph we are told that this sort of study is the only way to evaluate transcendental meditation. My only comment would be that the authors lack imagination and perhaps experience. If TM is as effective as progressive relaxation in selected patients, what does that tell us about how good TM is? As it is this report tells us nothing of value.

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SIR,—Miss Diane K Thomas and Mr K A Abbas rightly point out (23-30 December, p 1749) that reported studies of the effectiveness of transcendental meditation (TM) are often deficient. Unfortunately, their own report shares some of these deficiencies. We are not even told how many subjects were included in the study; treatment allocation is not said to have been made on a random basis; the duration of treatment is not specified; and there is no mention of whether any subjects were receiving additional therapy, particularly

psychotropic drugs. Their conclusion that the practice of TM is associated with a reduction in anxiety is consistent with a great deal of other evidence,¹ but the validity of the comparison with progressive relaxation is open to question. It is important to know whether the anxiolytic effect of TM is simply the result of suggestion, regular relaxation, and other non-specific factors, as suggested by the work of Smith,² or whether TM has additional more specific effects. Two recent, carefully controlled studies, neither of which was cited by Drs Thomas and Abbas, have provided evidence that TM is more effective than simple relaxation in reducing anxiety, although the advantage of TM was modest.^{3,4} It is clear that more research is needed in this area, but it should be remembered that some forms of psychotherapy currently used for treating anxiety have less evidence in their favour than does TM. In view of increasing concern regarding the overprescription and abuse of anxiolytic drugs, any potential new approach to the treatment of anxiety should be given serious consideration.

MALCOLM PEET

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¹ Orme-Johnson, D W, Donash, L D, and Farrow, J T (editors), *Scientific Research on TM: Collected Papers*. Los Angeles, Maharishi International University Press, 1974.

² Smith, J C, *Journal of Consulting and Clinical Psychology*, 1976, **44**, 630.

³ Dillbeck, M C, *Journal of Clinical Psychology*, 1977, **33**, 1076.

⁴ Zuroff, D C, and Schwarz, J C, *Journal of Consulting and Clinical Psychology*, 1978, **46**, 264.

Intravaginal preparations of prostaglandin products

SIR,—During recent years an increasing number of articles published in medical and pharmaceutical journals have given advice and instructions about formulations considered suitable for intravaginal administration of prostaglandins.¹⁻⁶

In this situation, especially where such preparations are referred to as established practice, it may be thought that Upjohn, as the manufacturer of the prostaglandin products being used in the preparation of formulations such as "the gel," is involved in promoting their clinical use or in giving advice concerning them. We wish it to be known that this is not the case and that the company's product licence does not include use of its prostaglandin products in this manner. The licence held by Upjohn and the data sheets available to physicians and pharmacists for Prostin E2 and F2 alpha spell out clearly the approved methods of administration and indications for use. Clinicians are, of course, free to make experimental formulations at their discretion, but in such cases the Company is not responsible for their clinical use.

Research into improved methods of administering prostaglandins is continuing at Upjohn and until such time as a preparation appears in clinical trial, with the approval of the Committee on Safety of Medicines, all other formulations using Upjohn prostaglandins are outside the company's jurisdiction.

R G JACOMB
Medical Director

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¹ Mackenzie, I Z, Hillier, K, and Embrey, M P, *British Medical Journal*, 1975, **1**, 240.

² Shepherd, J, Sims, C, and Craft, I, *Lancet*, 1976, **2**, 709.

³ Calder, A A, Embrey, M P, and Tait, T, *Journal of Obstetrics and Gynaecology*, 1977, **84**, 264.

⁴ Mackenzie, I Z, and Embrey, M P, *Journal of Obstetrics and Gynaecology*, 1978, **85**, 657.

⁵ Tarr, M J, and Tredree, R L, *Pharmaceutical Journal*, 1978, **221**, 497.

⁶ Robins, E L, and Payne, P R, *Pharmaceutical Journal*, 1978, **221**, 522.

Neglect of speech therapy

SIR,—Eighteen months ago, we sent a questionnaire to general practitioners in the Frenchay District. This questionnaire was designed to investigate general practitioners' feelings towards speech therapy in different areas. It probably would not surprise you to learn that the majority of answers fell within the "Don't know" category.

We recently arranged two open days at which communication disorders were described and assessment techniques, treatment procedures, aids, and appliances were all on show. All types of visual aid were used to demonstrate the areas in which we work. Ten gallons of wine was provided to anaesthetise those who found the learning experience too painful. These open days were attended by 600 people, but there was a noticeable absence of medical staff from within the hospital and of general practitioners. This was despite the fact that invitations had been sent to 27 practices and that notices had been put in prominent places. Also the event was covered on local radio and on television. We had made sure that one of the open days coincided with a GP meeting within the hospital so that GPs would not have to make two journeys.

Should I draw the conclusion that it is not only a question of "Don't know" but also of "Don't want to know" when it comes to communication problems?

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Destroying psychiatric records

SIR,—I have recently sought psychiatric records about one of my patients who had treatment elsewhere 25 years ago. I have been informed that these records are unavailable and all case records prior to 1968 have been destroyed due to lack of storage space.

Whereas it may be reasonable to destroy records of a general medical or surgical nature, it does seem unreasonable to destroy those which might be relevant in later years—that is, psychiatric records. Could one not ask that records be microfilmed as their bulk is thus drastically reduced.

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Green flashing lights for doctors

SIR,—I understand that from 1 February 1979 it will be legal for general practitioners to use, in an emergency, on their cars a rotating green flashing light (36 watt). Very little comment about this new arrangement has been made by the Association, and I have no doubt that many doctors do not know about this.