have to conduct a controlled trial to deduce that I have helped this man to retain what is left of his health. In any case it is untrue to say that properly controlled trials have never shown the value of hypnosis in treatment. The work of Dr Maher-Loughnan has proved the effectiveness of hypnosis in the treatment of asthma.

Lastly, Dr Kinnell states that natural childbirth patients in one study did not differ from untrained patients in estimates of pain intensity. I fail to see what this statement has to do with this thesis as natural childbirth can in no way be equated with hypnosis.

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SIR,—That curious hostility shown by some members of our profession towards hypnosis as a therapeutic tool received its most recent expression in the letter from Dr H G Kinnell (17 March, p 751). Whether he has himself any direct experience in the subject is unclear—at least, no spark of original thought was allowed to break through the solemn procession of old shibboleths derived from work having, presumably, “scientific value” (whatever that may mean).

This old, old route was once traversed by the BMA itself—but that was in the last century, and the overwhelming weight of evidence since that hypnosis offers a method of treatment both unique and effective is today generally accepted. The logical outcome has been a demand, rightly supported by you (7 October, p 978), for instruction and training which (pace Dr Kinnell) is simple, safe, and infinitely rewarding.

I have found (and I am in good company) that hypnosis has a strictly limited role to play in psychotherapy. But there are certain conditions where it is, in my view, the method of choice. The deconditioning of phobic states, some sexual difficulties, and abreactive relief all come to mind.

General practice offers, probably, the widest scope for the deployment of hypnotherapy. Many of the psychosomatic illnesses are particularly susceptible and I have seen excellent results in certain forms of asthma, essential hypertension, and some skin disorders. Again, midwifery with a hypnotically trained mother is a most rewarding experience.

I am only too well aware that the shortage of time poses problems for the busy GP and it cannot be denied that the induction of hypnosis, at least initially, requires an unhurried approach. Still, our dental colleagues seem to manage as they have been quick to realise the benefit to the conscious patient and, above all, children that this technique provides. I am doubtful if time could be better spent than in adding this method of treatment to our therapeutic skills.

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Restrictions on NHS prescribing in Australia

SIR,—Dr Tony Smith's description of the Australian pharmaceutical benefits scheme in “Restrictions on NHS prescribing in Australia” (13 January, p 99) is misleading in several details.

The primary aim of the pharmaceutical benefits scheme is not to keep down costs but

to provide an extensive range of drugs and medicinal preparations on a subsidised basis to all persons being treated by a medical practitioner in Australia. Due regard is given to the quality of the drugs, comparative efficacy and toxicity, and continuity of supply. At the same time the Government does endeavour to achieve maximum value for the taxpayers' money spent under the scheme.

The availability of phenoxymethylpenicillin as a benefit item is not restricted to the prophylaxis of rheumatic fever. Phenoxymethylpenicillin may be prescribed for any appropriate disease or purpose. However, when prescribed for the prophylaxis of recurrent streptococcal infections (including rheumatic fever) larger quantities may be supplied as a benefit than for other purposes.

The Pharmaceutical Benefits Advisory Committee, which recommends the drugs to be available as benefits, bases its deliberations primarily on medical considerations. The committee, when assessing drugs of comparable efficacy and toxicity, may take cognisance of price; but where price is considered it is merely as a secondary consideration.

The committee does not publish the *Australian Prescriber*, which is an independently edited publication financed by the Commonwealth Department of Health.

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SIR,—I refer to the article “Restrictions on NHS prescribing in Australia” (13 January, p 99), in which you refer to *Australian Prescriber* as being published by the Pharmaceutical Benefits Advisory Committee.

The journal is in fact independently edited, and it is the executive editorial board which commissions and approves all material that appears in the journal. Members of the board are chosen for their particular expertise and interest in therapeutic education at the practice level, one member being a general practitioner. Although the journal is financed by the Commonwealth Department of Health and the board is chaired by an officer of the Department, the senior adviser in clinical pharmacology, the board is genuinely independent of the Department and must continue to be so if the journal is to be accepted by the medical profession. An advisory editorial panel also provides an avenue by which the comments, views, and suggestions of all specialist colleges and societies, which are represented on the panel, can reach the executive editorial board.

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Detecting and managing hypertension

SIR,—I read with great interest the paper by Dr D G Beevers and others (17 March, p 715) on the detection and management of hypertension. I was somewhat dismayed to find that there was a difference in the wording used in question 5 of the questionnaire and in the legend to table II. The former read “At what level of diastolic blood pressure would you begin to treat an asymptomatic 50-year-old man for hypertension?” The latter states “Levels... at which clinicians said they would begin drug treatment.” I am sure that

the authors do not regard “treatment” and “drug treatment” as synonymous.

In this context it is difficult to better a recent commentary by Ball¹: “A mild hypertensive who stops smoking, reduces dietary fats and total calories, cuts down his salt intake and takes regular physical exercise is likely to improve his outlook much more than if he merely takes a drug to lower his blood pressure. He will certainly feel much better and avoid any side effects. These measures often lead to a fall in blood pressure and the need for drugs disappears.”

I am sure that Dr Beevers and his colleagues need no conversion, but their article has important propaganda points to make for non-specialists in the field. If, as stated in their discussion, there is lack of evidence of benefit from “treatment” of mild hypertension then perhaps the method of treatment is wrong?

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¹ Ball, K P, *Cardiovascular Forum*, 1979, 1, 7.

Neglected indexes

SIR,—During the period between 6 January and 17 March of this year no mention is made in your book reviews of the indexes. On the assumption that your reviewers read the complete work from beginning to end and expect the same from their readers, why is the subject neglected? Furthermore the topic was not mentioned in any of the contributions based on the meeting of the Society of Medical Authors published on 3 February (p 309).

In this no-man's land between publishers and authors where each party often thinks the other should pay for the service, is this an expression of the frequently expressed view that indexes do not sell books?

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Action on alcohol

SIR,—I have been catching up on some back numbers of the *BMJ* and wish to comment on your leader (10 February, p 361) entitled “Action on alcohol.”

Is it not time to admit that our whole approach to the problem of dangerous drugs is little short of insane? Alcohol is probably in truth far more dangerous a drug than heroin, possibly than any other drug of abuse. Apart from the appalling consequences to individual drinkers and the families of alcoholics, the social costs are almost beyond computation. Yet we allow advertising entirely freely. Even worse than the public commercial advertising is the implication which is so general in public entertainments, broadcast plays, and so on that drinking is a normal, acceptable part of life. We have even heard foolish suggestions that the increase of wine consumption in this country is to be approved despite the tragic experience in European countries. We ensure that most of our children will believe the drinking of alcohol to be a desirable part of maturity by tantalising them with alcohol, which is supposed to be kept just out of their reach until they are 18. If our society really did care at all about the appalling damage done by alcohol and the anguish to so many individuals it would utterly prohibit all kinds of advertis-

ing. Medical journals in particular should stop immediately the implicit advertising of alcohol which often appears in their pages concerned with eating out and such recreations. It is not long since in Birmingham the BMA itself arranged a whisky tasting evening.

On the other hand, with heroin we have created a "pushers' market," and our methods for handling this problem are those which have proved disastrous in America in respect of the prohibition of alcohol. In the case of alcohol and of heroin we should set about creating a proper social atmosphere and the attitude that the use of these drugs is despicable. The use of alcohol being so disastrously established in society, we should try to check its use by severe fiscal measures and by legislation against any form of advertising. The so-called hard drugs might best be made available at a cost which will not provide anyone with a motive for pushing; they should be sold unromantically packaged in containers marked "drugs for dopes," and it should be made as inconvenient to obtain them as is compatible with the determination not to create an interest for drug pushers. Individuals have to be responsible for themselves and take the consequences of their foolish behaviour. At least a heroin addict is not likely to cause the death of anyone except himself and in this differs radically from the alcohol consumer.

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Vancouver style

SIR,—Most authors and readers will be grateful that so many journals are adopting a uniform style; but is it too late to plead for the sensible usage of the *Journal of Paediatrics*, which gives a list of all abbreviations used in the text in a box on the first page of each paper?

This may be an extra chore for authors, but it is a tremendous boon for readers, particularly those who need to skim through a large number of journals to pick out which papers need to be read carefully.

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Disinfection with glutaraldehyde

SIR,—Following the expiry of the patent on 2% activated alkaline glutaraldehyde, a number of other glutaraldehyde products have appeared on the market. Simple tests suggest that some of these products are corrosive to certain metals and may cause damage to other materials. Glutaraldehyde is commonly used to disinfect expensive instruments—for example, endoscopes—and it is important to check with the instrument manufacturer the suitability of the compound before use.

Glutaraldehyde compounds are either acid or alkaline and may or may not require activation. Although all seem to be effective against vegetative organisms, and claims made by manufacturers for sporicidal activity are generally acceptable, the acid glutaraldehydes tend to be less active at room temperature but more stable than the alkaline. Claims of activity remaining for 14 to 28 days after activation depend not only on stability but on

the extent of dilution, the addition of organic materials, and pH changes. Continuous heavy use of a disinfectant solution for 28 days would considerably increase the risk of inactivation. We believe that repeated use of the same disinfectant solution is undesirable, but recognise that it may be necessary on grounds of expense. We are loath to recommend the repeated use of a solution, however stable, for more than seven to 14 days.

We should also like to remind readers that most reusable items, other than those used in surgery such as laparoscopes and arthroscopes, do not require sterilisation. Most equipment, apart from flexible fibreoptics, can be disinfected by heating to over 70°C, either in a washing machine or in a low-temperature steam autoclave without formaldehyde.

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Safety of piped medical gases and electromedical equipment

SIR,—Following reports on accidents with anaesthetic and pipeline equipment at the Westminster and other hospitals, there has been much activity by many people intending to improve the safety of design and service maintenance of this equipment throughout the country. The new British Standard for pipeline terminal outlets, which are known as Mark 4, has been published and one hopes that this will improve safety.

Up and down the country many hospital engineers have already sought to make improvements of the piped medical gas installations by means of installing isolating valves and making other alterations. The awareness of the importance of tightening up on the efficiency of service maintenance of anaesthetic and allied equipment has been noticed in the engineering, supplies, and medical disciplines. Unfortunately in some areas, and with the best of intentions, hospital engineers have made decisions affecting the policies concerned in obtaining these improvements without consultation with the medical and nursing staff who actually use the equipment.

It should be understood that final responsibility for what happens when a patient is treated rests with the person prescribing and administering such treatment. The final responsibility for the policies aimed at achieving safety and any changes in these policies must therefore be made either at the instigation, or with the prior approval, of these clinicians. Few of the recent publications give didactic advice on the precise nature of the interface between the clinician and the engineer. Only too often a glib statement that circumstances will vary from one hospital to another has been made, and the responsibility is thereby avoided. I feel that it should be accepted that a named member of the medical staff for each hospital or discipline therein should at all times be consulted whenever a decision with regard to the policy, rather than mere supervision of service maintenance, is considered.

At the time I write this letter the British Standard No 5724 is likely to be published in the very near future. This standard refers to safety of electromedical equipment. It would be well to point out that the publication of a

new standard does not on its own require that all electromedical equipment in hospitals must be immediately made to comply with it or be replaced. There will be need for considerable discussion between the medical and engineering disciplines in order to decide what action, if any, needs to be taken to bring existing equipment to a safe standard. Those items which comply already with either HTM8 (Hospital Technical Memorandum No 8) or the recommendations of IEC 601/1 (International Electrotechnical Committee No 601/1) should require no alteration.

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Non-motile sperms persisting after vasectomy: do they matter?

SIR,—We would like to comment briefly on points raised by Professor J P Blandy and others (24 February, p 552) about our paper (13 January, p 87).

Firstly, the use of vital dyes: these dyes may indeed indicate that some non-motile sperms are not quite dead, but this is a needless elaboration. If non-motile sperms do not, when put to the test, cause pregnancies their ability or inability to consume oxygen or take up vital dyes is unimportant.

Secondly, Dr P M Hendy-Ibbs (24 February, p 552) correctly states that we have not proved our hypothesis. This is a philosophical objection: we deliberately formulated our hypothesis in Popperian¹ terms. If deliberate attempts have failed to disprove it then it is tentatively acceptable. We claim no more and would welcome attempts by others to falsify it.

Finally, the wife of Mr R H Whitaker describes a patient (24 February, p 552) whose wife became pregnant a few months after his postvasectomy seminal assays had twice shown complete azoospermia, with a few non-motile sperms being found three months after conception. This is a classic example of temporary recanalisation, as described by Marshall and Lyon,² in all of whose cases the vasa had been ligated with non-absorbable sutures. It would be of interest to know whether that also applies to Mr Whitaker's case. However, apart from confusing the issue, such a case is irrelevant to the question as to whether non-motile sperms can cause pregnancies.

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¹ Popper, K P, *The Logic of Scientific Discovery*. London, Hutchinson, 1975.

² Marshall, S, and Lyon, R P, *Journal of the American Medical Association*, 1972, **219**, 1753.

*.*This correspondence is now closed.—Ed, *BMJ*.

Induction of labour and postpartum haemorrhage

SIR,—Mr P R S Brinsden and Mr A D Clark (23 September, p 855) and Mr I Z MacKenzie (17 March, p 750) have reported increased incidences of postpartum haemorrhage following induced labour compared with spontaneous labour. In contrast to these reports, we found, in a randomised controlled trial,¹ that patients