ment of beat-to-beat variation a simple and useful test for the evaluation of cardiac denervation in these patients.

Cardiorespiratory arrest is a common complication in this kind of patient as it is in the diabetic patients with autonomic neuropathy,² and some of the unexplained sudden deaths are likely to be related to the existence of functional abnormalities of the autonomic nervous system.

The function of the autonomic nervous system in other diseases is likely to be easily evaluated by the measurement of beat-to-beat variation. We have found very suggestive results in patients with the Guillain-Barré syndrome even though the number of cases studied to date is not large enough for statistical treatment.

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¹ Neubauer, B. and Gundersen, H J C, *Journal of Neurology, Neurosurgery, and Psychiatry*, 1978, 41, 417.

² Page, M M, and Watkins, P J, *Lancet*, 1978, 1, 14.

Safety of piped medical gases and electromedical equipment

SIR,—I refer to Dr C S Ward's letter on the safety of piped medical gases (14 April, p 1019) and would like to offer the following comments to supplement his views.

The new British Standard for medical gas pipeline systems, terminal units hose assemblies, and connections to medical equipment was published in December 1978 (BS 5682). The terminal units Dr Ward refers to are the British Oxygen Company Mk 4 Units. These were in production before the issue of the British Standard, but it is understood that they are generally in compliance with its requirements. There are and will continue to be other outlets available which are to the BS 5682 requirements.

So far as I am aware, there has not been an accident with medical gases which has been attributable to the fixed portion of the systems—that is, that part of the system from the gas source to the terminal unit permanently installed in the building fabric. The BS requirements provide for a system that is inherently safe, when the components covered are installed in the manner demanded by Hospital Technical Memorandum No 22, in that they ensure the non-interchangeability of probe-terminal unit and give the additional convenience that the terminal units are now to be specified as having an individual isolation valve (preferably automatic) that will allow servicing without affecting the operation of other units. This feature is of significant importance in the operation of the "permit to work" system that is now the requirement for all work, from minor servicing to major modifications or additions, to any medical gas pipeline system. The isolating valves and other alterations to which Dr Ward refers are also aimed at the improvement of the system to enable localised servicing to be carried out without disruption of the supplies to other areas.

The question of communication of intention is one to which there is probably not a universal solution in regard to the proposals to upgrade

any installation. However, with the introduction of a permit to work system, the medical officer or nurse in charge of the management of a unit must be made aware of any proposals before work can be put in hand. This is part of the permit to work system and requires that a signature be obtained from one or other to say that the MO or nurse is aware of the nature and the expected duration of the work. If any clinician is not satisfied he can obviously decline to give such a signature. This might in the immediate instance inconvenience and embarrass the engineer but would ensure that the proper consultation took place for future proposals.

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SIR,—I must take issue with Dr C S Ward in his letter (14 April, p 1019) concerning the safety of piped medical gases. It is the interface between hospital clinician and engineer referred to in the third paragraph that is the point on which I disagree.

Following the report on the Shewan incident,¹ hospitals in this region have been endeavouring to arrive at a workable arrangement regarding the division of responsibility between those who use equipment and those who service it. As Dr Ward states, the final responsibility for administering treatment rests with the doctor concerned. However, in busy theatres when the same anaesthetic machine is used repeatedly during a day it is not considered necessary to perform the "one hose and tug" tests to identify gas line connection to rotameters.

We have been advised by our defence organisation that a nominated doctor responsible for the equipment serviceability in our theatres would be unwise, leading to personal crucifixion in the event of an accident. I wonder whether Dr Ward implies the name "engineering liaison officer" for the member of staff who talks to the engineering department servicing the hospital medical equipment.

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¹ Department of Health and Social Security, *HN (Hazard)* 77/19. London, DHSS, 1977.

Hypnosis

SIR,—The letter from Dr H G Kinnell (17 March, p 751) suggests that he has fallen into the common trap of those unwilling to consider the phenomena of the hypnotic state. Hypnosis acts by achieving an altered state of awareness, in which can be produced distortions of emotion, sensation, image, and time.¹ If this is due to "waking suggestion,"² be it so. The fact remains that a large body of medical experts throughout the world would confirm the effectiveness of the proper clinical application of hypnotherapy.

Dr Kinnell is correct when he quotes me as saying that the use of hypnosis may on occasion be harmful.³ But the statement is taken out of context since it referred to "its use by unqualified persons for the purposes of entertainment or by lay therapists." Would anyone dispute the obvious restrictions on the improper use of psychotropic medication?

Nevertheless, hypnosis is not a panacea for all ills and certainly not a panacea for all psychiatric ills. But that it has a definite place in the psychotherapeutic armamentarium as an additional weapon for the treatment of certain neurotic symptoms is beyond doubt. As with other disciplines in psychiatry, it must be used selectively and only by the very experienced.

In 1784 a French Commission of Inquiry concluded that the phenomena could be explained only by the imagination and imitation of the subject. Nearly 200 years later, research has shown the neurophysiology of the hypnotic state to be quite a little more.⁴ Today most serious therapists will subscribe to the objectives of the new section of medical and dental hypnosis of the Royal Society of Medicine—namely, to extend the knowledge of the hypnotic state, to investigate further its neurophysiology, and to promote interest in its clinical use.⁵

The implications contained in your leading article on hypnosis in the NHS (7 October, p 978) were fully justified, and the findings of the Psychological Medicine Group Subcommittee of the BMA⁶ are worthy of implementation.

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¹ Waxman, D, *Journal of the Royal Society of Medicine*, 1979, 32, 168.

² Costello, C G, *Psychology for Psychiatrists*, p 121. Oxford, Pergamon, 1966.

³ Waxman, D, *British Medical Journal*, 1978, 2, 571.

⁴ Wyke, B D, *Proceedings of the Dental and Medical Society for the Study of Hypnosis*, London, 1960.

⁵ Royal Society of Medicine, *Regulations of the New Section of Medical and Dental Hypnosis*. London, RSM, 1978.

⁶ Subcommittee of the Psychological Medicine Group Committee of the British Medical Association, *British Medical Journal*, 1955, 1, suppl, appendix X, 190.

Homoeopathic medicine

SIR,—Dr R S Walker (28 April, p 1147), referring to my book *Homoeopathy*, claims that we speak a different language from that of our allopathic colleagues. It is true that every branch of science has its own peculiar jargon, and we are no exception to the rule. But when evaluating our clinical results we are as strictly impartial as are our orthodox counterparts.

His view that we have "little insight into the powers of suggestion" is a mistaken one. We are always aware of the possibility of mental suggestion. But in practice we find that the creatures most sensitive to homoeopathic potencies are animals and infants. Can suggestion achieve immunity to infection? Consider the following incidents.¹

In the mid-1930s I gave a Schick-positive girl a homoeopathic potency (Diphtherinum 200). Ten days later she was still Schick positive. Two weeks later she was Schick negative, and her follow-up tests remained negative.

In those days I was the appointed MO to the Rochdale Children's Holiday Home in Lytham St Annes. A child in the home developed diphtheria. Dr Litt, the MOH, sent her to hospital, where she died. In the meantime I had given Diphtherinum 200 to every inmate of the home. Another case occurred, and Matron implored me to let her keep the child out of hospital. I temporised by taking a swab and delaying notification. The swab was, as expected, positive; but the throat looked