as an anticonvulsant in fulminating pre-eclampsia. There seems to be a subconscious belief that diazepam is a hypotensive drug. This belief can be the only explanation for some of the massive doses of diazepam that are prescribed in fulminating pre-eclampsia, often far in excess of a reasonable anticonvulsant dose. The doctor's anxiety at the failure of the blood pressure to fall results in his increasing the dose of diazepam; the blood pressure unsurprisingly remains elevated and the cycle is repeated. Thus doses of up to 160 mg of diazepam have been given to mothers in the 15 h before delivery in the absence of convulsions.¹ Of course any anticonvulsant can be misused in this way, but diazepam is certainly the most popular. Chlormethiazole seems to have been used more rationally, usually in conjunction with recognised hypotensive drugs, and this has led to an impression that it has less depressant action on the fetus.²

The popularity of diazepam among British obstetricians is probably a reflection of its extreme popularity among the medical profession as a whole. Obstetricians should repeatedly be reminded, and should themselves remind their junior staff, that diazepam should not be prescribed in pregnancy with the freedom with which it is prescribed for the general population.

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¹ Cree, J E, Meyer, J, and Hailey, D M, *British Medical Journal*, 1973, 4, 251.

² Allen, I C, Tarbet, T E, and McGeorge, A P, *British Medical Journal*, 1976, 2, 232.

Treating pressure sores

SIR,—I was interested to read your leading article on treating pressure sores (13 May, p 1232), a subject which induces boredom in many, thereby contributing to poor standards of prevention and treatment.

To your statement that "the healing of pressure sores depends on... the relief of pressure" I would add "skin dryness and coolness." Herein lies one of the main advantages of the net bed. Provided that the minimum bedding for comfort is used beneath the patient, the warmth and dampness of the skin which are inevitably associated with lying on a plastic sheet or mattress are diminished. Also, of course, the smallest nurse is able, by herself, to turn the patient in the net bed as if on a spit, so varying the site of the pressure areas frequently and very quickly.

In the small unit for the young disabled which I look after, which is inhabited largely by paraplegic patients, we frequently find ourselves between the devil of life-threatening pressure sores and the deep blue sea of increasingly frequent and severe urinary infections. We try to avoid using the indwelling catheter for preventing the aggravation by urine of pressure areas and rather favour condom urinary attachments for males. Chronic pyelonephritis frequently results from the use of the catheter, the acute infections being often due to very difficult and resistant organisms, such as pseudomonads, whatever system of urinary antisepsis one may employ. This seems to be much less of a problem with condoms. The use of the latter does require tenacity and patience of the nursing staff, but usually a good nurse with good glue can make things stick.

Our impression is that Debrisan is a useful

advance in the treatment of deep sores. I am sure that the manufacturers will have told you that it costs not £3 per gram but merely £1 per 3 grams.

N D WHYATT

Chippenham, Wilts

*.*The manufacturers of Debrisan have indeed written to point out our mistake, for which we apologise.—Ed, *BMJ*.

Testicular biopsy in oligozoospermia

SIR,—In the paper by Dr J H Aafjes and others (4 February, p 289) it appears that testicular biopsy was performed as part of the general investigative procedure. A simultaneous examination of the female partner was not reported but presumably took place as in the previous study.¹ No mention is made of age, alcohol, or other relevant historical data. Most important, an occupational history does not figure in the calculations. It has been adequately demonstrated, for instance, that dibromochloropropane (DBCP) produces oligo- or azoospermia among workers exposed to the chemical² and this may possibly be reversed when the worker is removed from the hazard area. Recovery has been reported in experiments with ethylene dibromide.³ Therefore to make a judgment on the basis of a biopsy is to pass sentence without hearing all the evidence.

This institute is opposed to the idea of invasive techniques as a method of diagnosis until and unless all other investigative procedures have been exhausted. Men exposed or suspected of being exposed to a chemical that may affect fertility should simply be removed from the source of the hazard as a first step to diagnosis without going through the psychological and physical trauma of a testicular biopsy. Furthermore, a testicular biopsy carries risks which, although minimal, are not justifiable unless the biopsy is essential to diagnosis.

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¹ Aafjes, J H, and van der Vijver, J C M, *Fertility and Sterility*, 1974, 25, 809.

² Whorton, D, et al, *Lancet*, 1977, 2, 1259.

³ Amir, D, and Volcani, R, *Nature*, 1965, 206, 99.

*.*We sent a copy of this letter to Dr Aafjes and his colleagues, whose reply is printed below.—Ed, *BMJ*.

SIR,—Industrial chemicals, drugs, and abnormally high temperature can influence spermatogenesis unfavourably. To our knowledge there are no indications that these environmental factors are important as a cause of infertility in a random group of infertile male patients. Moreover, all our patients were asked about their use of drugs and their occupation, especially in relation to the possibility of being exposed to chemicals or abnormally high temperatures. In this respect no relevant facts were obtained, so that there was nothing to investigate and no patient could be treated simply by bringing about a change in his environment. An influence of alcohol (abuse cannot be excluded; however, we supposed this influence to be randomly distributed in our patient group. Age and duration of infertility are also important for estimating the chances of fertilisation. As

mentioned in our paper, no differences were found between the fertile and infertile patients in these respects.

We do agree that testicular biopsy under general anaesthesia carries some risk. However, from our study we have come to the conclusion that rating a testicular biopsy is the best parameter for defining the prognosis of patients with oligozoospermia. Couples who consider adoption or artificial insemination with donor semen because of infertility are sometimes very anxious to know whether treatment has any chance. In such cases it should be explained to the patients that testicular biopsy may help to make this decision. Of more importance than this practical aspect may be, however, the possibility of matching patients a priori for the proper evaluation of (new) treatments.

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The postcoital test: what is normal?

SIR,—We must all be grateful for the work of Mr G T Kovacs and his colleagues on the subject of the postcoital test (1 April, p 818). In order to aid comparison with the work of others with infertile patients it would be helpful to know the magnification of the "high-power field." Also, was poststerilisation ovulation confirmed by any means? A regularly menstruating woman is not necessarily ovulating, even though previously fertile. Finally, if the cervical mucus is to be examined immediately after collection, is there any real need to add normal saline to the specimen before microscopy?

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*.*We sent a copy of this letter to Mr Kovacs, whose reply is printed below.—Ed, *BMJ*.

SIR,—In answer to Mr Lewis's questions I would like to clarify the points raised. Firstly, by "high-power field" we mean the field within a $\times 40$ objective using a $\times 10$ eyepiece. As for the technique of placing the specimen of mucus into a drop of saline, we find that this permits easier identification of sperms and a better judgment of their motility. This has been our routine practice for postcoital tests and we carried it on through our series of controls. Finally, I agree that it would have been more precise to confirm ovulation and its timing by the use of temperature charts, but as it was difficult enough to get normal volunteers for this project it was thought that this would have been asking for too much. Consequently we merely relied on the regularity of the menses and the estimated time of ovulation.

GABOR T KOVACS

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Nelson's signal

SIR,—Since 21 October 1805 the precise wording of Nelson's famous signal has been the subject of controversy which is, as *The Times* once described it, "no mere otiose