fore based on self reports and hearsay. People may have many reasons for informing the police, correctly or incorrectly, about their own or others' HIV status. Such data are inaccurate: there is no justification for using them either in relation to individual HIV status or to population prevalences.

Our investigations into the prevalence of HIV 1 infection among prostitutes throughout London over the past six years have included street based interviews and HIV testing with the consent of participants. We have found much lower prevalences of HIV infection than those quoted by the police.⁷ Unfortunately, such research does not have the same impact on the press as police reports confirming prejudiced views of prostitutes as the major reservoir of venereal disease.

Reports of the prevalence of HIV infection in tabloid newspapers clearly do not have the same rigorous peer review as your own journal, but they may have a greater impact on the lives of those concerned. Prostitutes suspected of being infected with HIV have been the target of violence and abuse.

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- 1 Mason JK. Recording HIV status on police computers. *BMJ* 1992;304:995-6. (18 April.)
- 2 Lyons AJ. Recording HIV status on police computers. *BMJ* 1992;304:1243. (9 May.)
- 3 Jaynes A. Recording HIV status on police computers. *BMJ* 1992;304:1243. (9 May.)
- 4 Macallan DC. Recording HIV status on police computers. *BMJ* 1992;304:1243. (9 May.)
- 5 Delgada M. Police issue AIDS alert over Kings Cross prostitutes. *Evening Standard* 1992 March 17:7.
- 6 Met has mugshots of hookers with AIDS. *Sunday Express* 1992 March 29:3.
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All's not well at Royal Society of Medicine

EDITOR, — Many fellows will be grateful to you for publishing the news article by Sharon Kingman entitled "All's not well at Royal Society of Medicine."¹ I hope that this will trigger a debate which will enable the society to put its past troubles behind it.

I was the editor of the society's journal between 1975 and 1986. The publications of the permanent staff of the society, which now come under Royal Society of Medicine Services Limited, have been a matter of concern to the fellowship for at least 20 years. Monographs have been published without the relevant section of the society knowing about them. Other publications which bear the society's logo include the proceedings of symposia organised elsewhere by pharmaceutical companies. Not always have the honorary editors of the society had the opportunity to referee these proceedings in accordance with accepted standards. Thus although the use of the society's logo implies the endorsement of the society, in practice such endorsement has not always been given.

Kingman refers to the 15 presidents and chairmen of the academic sections and forums who wrote to the society's president, Sir David Innes Williams, to register their shock and concern. Later she refers to Dr Young losing, by 34 votes to nine, the motion that she should receive salary until the end of the year while an inquiry was held. These votes were cast in the council of the society, which is the society's governing body. How can such contrasting opinions be explained? Only members of council, over half of whom are presidents of sections, can give the reasons for their votes, and I hope that some, who did not support Dr Young, will feel able to join in this correspondence.

In connection with this it must be noted that any debate in council favours the permanent staff who are represented at the expense of those who, like Dr Young, may wish to question the policy of the permanent staff, and who are not represented. The "don't rock the boat" philosophy to which Kingman refers is never far away. The position now, however, is that many fellows feel that Royal Society of Medicine Services Limited should not just be rocked but that it should be capsized. For them the real question is the basis on which a lifeboat should be sent to pick up the survivors.

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- 1 Kingman S. All's not well at Royal Society of Medicine. *BMJ* 1992;304:1201-2. (9 May.)

Eusol: the continuing controversy

EDITOR, — The subtitle of David J Leaper's editorial on Eusol—"still awaiting proper clinical trials"—is inappropriate.¹ Leaper states that "as with many other traditional remedies, [its] value remains scientifically unproved." Eusol, however, is not a traditional remedy but was developed in the laboratory and rigorously subjected to both in vivo and in vitro studies in 1914-5.

My grandfather, Professor A Murray Drennan, was asked while working in the pathology department in Edinburgh to develop an antiseptic that would be effective in reducing the devastating effects of trench foot in the first year of the first world war. The research included studies comparing the effect of Eusol with that of other antiseptics on isolated bacterial suspensions, spore forming organisms, and various devitalised tissues. The potential irritant effects were evaluated with laboratory animals and a clinical study. The clinical study looked at the effects on over 100 patients from the surgical outpatient department and those treated for shrapnel injuries in the local Red Cross unit. An attempt was also made at costing the treatment, which was probably unusual at the time. It was estimated that one gallon of Eusol could be made for one penny. Eusol was developed primarily for treating war wounds and was never patented or commercially produced. It has therefore remained much the cheapest product in treating leg ulcers.

I strongly recommend that Leaper and others should read the report of the original trial, published in the *BMJ* in 1915.²

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- 1 Leaper DJ. Eusol. *BMJ* 1992;304:930-1. (11 April.)
- 2 Smith JL, Drennan AM, Rennie T, Campbell W. Experimental observations on the antiseptic action of hypochlorous acid and its application to wound treatment. *BMJ* 1915;iii:129-36.

EDITOR, — M Beevers's embargo on colleagues' use of Eusol¹ highlights the important issue underlying this debate, which is the degree to which a nurse, doctor, or pharmacist should have the power to prohibit treatment prescribed by a specialist.

It seems that Beevers performed a controlled experiment on one subject (herself), and when she found that full strength Eusol is a primary irritant (hardly a surprise) she took it on herself to persuade the pharmacist to stop dispensing it, even though this was against the wishes of a senior surgical colleague. I hope that Beevers does not check the toxicity of dithranol in the same way or she will want to prohibit that too, even if the dermatologist does find it useful.

How would doctors feel if a nurse told them she was not going to give digoxin to their patients

because she knew of no randomised controlled trials proving its efficacy and had done a controlled experiment on one subject (herself) and found it had side effects?

What would the medicolegal consequences be if a patient died because a consultant could not give a particular treatment because a colleague (nurse, doctor, or pharmacist) had placed an embargo on it? What would happen if I placed an embargo on all the treatments Beevers uses and she vetoed all those I use? Would we each agree to use nothing at all? If nurses and pharmacists are to have autonomy why not physiotherapists and dietitians? What about occupational therapists, appliance officers, chiropodists, and blood gas technicians?

Hospital patients have to be looked after by a team, and the team leader, normally the consultant, should be willing to listen to advice. It will be a sad day for patients, however, if anybody in the hospital can give advice and the consultant has no option but to take it.

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- 1 Beevers M. For and against Eusol. *BMJ* 1992;304:1442-3. (30 May.)

EDITOR, — M Beevers's controlled experiment with Eusol is an unhelpful contribution to the debate about the product.¹ It merely shows a contact dermatitis in undamaged skin, common to a wide range of topically applied antiseptics and antibiotics.² Perhaps we should all persuade our local pharmacy departments to erase povidone iodine and cetrimide from their formularies on similar tenuous grounds.

Few would dispute that full strength Eusol can be irritant, and for this reason it should never be placed on clean, granulating wounds. It is, however, an invaluable, cost effective ally along with the knife in treating dirty, necrotic wounds. Conclusions drawn from in vitro studies of damaged fibroblasts cannot be applied to the microenvironment within a mature decubitus ulcer.

The wound dressing industry is now worth millions of pounds, and much of the problem lies here. Every drug company is jumping on the bandwagon. Unfortunately, the nursing profession is being taken for a ride on it too. Effective marketing with colourful posters and sponsored, authoritative looking leaflets have helped to entrench the position of the new generation of products for wound care.

Most reconstructive surgeons in the United Kingdom remain strongly in favour of using hypochlorite solutions in managing difficult wounds, while accepting the need for formal trials. An infamous cartoon depicts a nurse pouring a bottle marked Eusol down the lavatory. The caption reads, "Sister, I'm just going to clean the toilet." If you have a wound like a toilet it requires a toilet cleaner.

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- 1 Beevers M. For and against Eusol. *BMJ* 1992;304:1442-3. (30 May.)
- 2 Bajaj AK, Gupta SC. Contact hypersensitivity to topical antibacterial agents. *Int J Dermatol* 1986;25:103-5.

Advice to authors

Priority will be given to letters that are less than 400 words long and are typed with double spacing. All authors should sign the letter. Please enclose a stamped addressed envelope for acknowledgment.