has shown the difficulties that are created when distinctions of this kind have to be applied by the doctor during the consultation. Earlier this year[2] the G.M.S. Committee stressed that in the general practice setting it makes no sense at all to try to draw a distinction between medical and social needs for contraception.

Finally, the exclusion of contraceptives from prescription charges can be justified on the grounds that their provision is a part of preventive medicine. Patients are not charged for their immunizations, cervical smears, or routine chest *x*-rays; these procedures are encouraged as benefitting the community as well as the individual. The same argument applies to family planning. Society has as valid an interest in reducing the numbers of unwanted pregnancies as it had a century ago in securing pure water supplies.

[1] *Hansard*, House of Commons, 26 March 1973, cols. 956, 996, and 1038.
[2] *British Medical Journal Supplement*, 1973, **1**, 13.

Handling the Hijacker

Many countries—probably approaching 50—have had their airlines hijacked at one time or another. The phenomenon of air piracy is not a new one. The first reported event was in 1930 during a revolution in Peru, and it was somewhat ironic that the same pilot was hijacked once again in El Paso during August 1961. In 1969 82 hijacks were attempted, of which 70 were successful in that the hijackers reached a desired destination or obtained a ransom. Sixty-six of these piratical attacks took place over the Americas (North America 37, Latin America plus the Caribbean countries 29). Since that year the numbers of attempts fell to 72 in 1970 and to 61 in 1971 but rose again to 64 in 1972.[1] Much more notable than the decline in attempts has been the decline in the numbers of attacks that were successful. From 70 in 1969 these fell to 46 in 1970, to 24 in 1971, and to 18 in 1972. The Federal Aviation Administration of the United States made a detailed analysis of the problem during the latter years of the 1960s, and their experience has been of great value in combating the present problem.

The initial approach is to dissuade the hijacker by publicity which suggests the unlikelihood of success and the sorry fate of even successful hijackers, for they are often an embarrassment to the countries they reach. The would-be hijacker who nevertheless pursues his objective must pass the scrutiny of airline personnel trained to detect certain behavioural characteristics. Experience has shown that hijackers are sufficiently different from the usual airline population to provide behavioural criteria which allow about 99·5% of passengers to proceed with their flight. The details of these behavioural characteristics are for obvious reasons confidential and they probably differ according to the social or political environment of the country from which the hijacking is being planned. Finally some or all of the passengers may be screened for weapons by magnetic devices (nearly all hijackers use firearms or knives) and if necessary by physical search. Further developments are likely in the field of weapon detection.

Even so it is a fact that hijackers do gain access to aircraft and disclose their intention only during the flight. At this stage the handling of the situation is firmly in the hands of the captain, whose efforts must be directed toward the safety of the passengers and preventing damage to the aircraft. Capture of the hijacker should not be a foremost objective.

Most hijackers are mentally unstable and should be treated as psychotics. Though they are unlikely to show any intellectual deterioration, their judgement is usually defective and their mood may fluctuate. The immediate task of the crew should be to reduce the anxiety of the hijacker. They should attempt to communicate with him, to find out where he wants to go, and to present an approach which appears to be helpful rather than obstructive. The crew should avoid any threat to his safety, and under these circumstances he may respond favourably. However, if his behaviour becomes bizarre an attempt to overcome him by force may be necessary. This is an extremely difficult situation to judge correctly and must be the ultimate responsibility of the captain.

Though in Western Europe hijacking has not become a serious threat, it is important that medical people should be prepared to provide what special skill they can offer, and students of behaviour should study this subject in an attempt to define the behavioural characteristics of individual hijackers. It may also be necessary to follow the example set in Canada[2] and provide crews with a sufficient understanding of disturbed behaviour to assist them in their safe handling of the situation.

[1] International Institute for Strategic Studies, *A Strategic Survey 1972*, 1973.
[2] McArthur, W. J., Deanes, P. J., Carroll, J. R., Holliday, T., and Stokes, R. E., *Aerospace Medicine*, 1972, **43**, 1118.

Professional Advice after 1974

Despite their initial reservations about the N.H.S., doctors have played an influential part in its running since 1948. As those primarily responsible for treating patients, their views have commanded attention on teaching and regional hospital boards, hospital management committees, and executive councils. Thus it is hardly surprising that the Government, as well as the profession, has spent much time studying and arguing how medical advice should be given locally in the reorganized N.H.S.

At present such advice comes broadly in three ways—from doctors sitting on the various "executive" committees throughout the Service, from hospital medical committees (now evolving into Cogwheel) and their long established counterparts in general practice, the local medical committees, and, finally, from medical administrators in the hospital service. Since reorganization was first seriously mooted by Whitehall the B.M.A. has urged[1] that whatever type of health authority eventually emerged from the shake-up its executive boards should contain at least one third of doctors among their membership. However, the present Government has been adamant that it wants such boards to be small, with their members chosen primarily for their abilities and not because they represent this or that group.[2 3] Nevertheless, Sir Keith Joseph in the Bill now entering the Commons' Committee stage has guaranteed local authorities at least four members—appointed by them—on their area health authority. But beyond the Government acknowledgement that there will be some, doctors will not make up the