be given priority over all other activities and interests for two to four weeks, rather than carried on casually alongside more important events.

ANCILLARY MEASURES

In some cases a doctor may wish to employ an additional measure. Three are suggested here.

Tablets.—Proprietary lobeline preparations may be used for their placebo effect, but pharmacologically they are more likely to produce gastric irritation than allay the pangs of withdrawal. An alternative placebo is ascorbic acid.

Stimulus Satiation.—This technique employs the use of forced excessive smoking to satiate the urge to smoke, after which further smoking is unpleasant and eventually aversive. For example, the patient could be instructed to double his smoking four days before and to treble it two days before his withdrawal attempt. The effect should be temporarily to make withdrawal a relief rather than a hardship.¹¹

Self Control.—The basis of this method is the elimination of the situational reinforcers of smoking^{12 13}. For example, much of the pleasure of smoking while relaxing with a drink after a busy day is from the situation rather than the smoking. The subject is instructed that when he smokes he should leave off what he is doing to sit alone in a cold, unwelcome room, on a hard chair, facing a blank wall. There will then be only a negative contribution from the situation and any pleasure derived must stem from the cigarette alone. A few days of this procedure should greatly diminish the reward of smoking and thereby facilitate withdrawal.

Conclusion

Of all the measures to curb smoking a concerted effort by doctors is one with great but untapped potential. If each of the 20,208 general practitioners in England were to persuade one patient a week to stop smoking the yield would be over one million ex-smokers a year. To equal this it would require 10,000 anti-smoking clinics each having a 33% success rate with 300 subjects a year. It is clearly the minimal duty of doctors firmly to advise their patients to stop cigarette smoking. If more doctors would go further and set an example by stopping themselves so much the better.

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New Appliances

Vasectomy Clamp

Mr. LAURENCE TINCKLER, consultant surgeon, Frenchay Hospital, Bristol, writes: Vasectomy, though not a difficult operation, and regarded as a minor one, may be tedious. The main problem is that it is performed on a very mobile structure, the vas deferens, within another very mobile structure, the scrotum. It is necessary to fix the vas so that it can be cut down on and exposed, identified positively, and divided. The standard manner of achieving this¹ is to palpate the vas through the scrotal coverings, manipulate it into an accessible situation, and hold it at this site between the fingers and thumb while it is exposed. In doing, the vas is apt to slip through the surgeon's fingers and be lost within the scrotum. Another disadvantage of this method of fixing the vas is that the surgeon is left with only one hand free for the rest of the operative manipulations—for incising the scrotal skin, reflecting the coverings of the cord, achieving haemostasis, and locating and picking up the vas. Errors in technique may lead to failure to identify and divide the vas and inadequate haemostasis, with formation of a scrotal haematoma.

The clamp illustrated and described here facilitates vasectomy in that it fixes the vas, thus leaving the surgeon with both hands free to perform the operation with greater ease and accuracy. It is ratchet-controlled, with bowed jaws bearing beaded ends (see Fig.).

In carrying out vasectomy with the aid of this clamp the vas is identified by palpation through the scrotal wall and

Vasectomy Clamp

manipulated into a subcutaneous position, where it is secured. It can then readily be cut down on by applying the clamp so that its beaded grip the scrotum underneath the vas. The beaded jaws of the clamp grip the scrotum bluntly and are tolerable to a patient undergoing vasectomy under local anaesthesia.

The clamp is available from Down Brothers, Mayer & Phelps Ltd., Church Path, Mitcham, Surrey.

Reference

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