household without anyone to call his father will grow up into an emotionally stable adult. Commonsense tells us that a homosexual relationship is unnatural and I do not think that any doctor should deliberately introduce a child into a household without a father.

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Unquiet sleep

SIR,—People who sleepwalk or who have night terrors are in my experience deep-trance hypnotic subjects who can be readily relieved by direct suggestion under hypnosis; I have not found that some other behavioural problem develops subsequently, although some postulate that this should happen. This simple and safe treatment surely deserved a mention in your leading article (20-27 December, p 1660) and is to be preferred to diazepam treatment, which you suggest trying. Uncritical claims by enthusiasts tend to discredit hypnosis, and I know that a report of consistent success in an uncontrolled series sounds suspect; I am not an uncritical enthusiast but I do think hypnosis has a small but valuable place in medicine.

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Five years in Bogalusa

SIR,—The *BMJ* of 7 February (p 469) includes a book review by Professor June K Lloyd entitled "Five years in Bogalusa." Yes, I know where it is and have spent a day with the workers—four years ago. It is a most exciting place with excellent work going on in a wonderful setting. The review is admirable, and notes that the book contains a lot of pertinent information."

Could not the reviewer please return to the job and give us a summary of this "pertinent information"? At £20 the book is difficult to acquire and awkward to read—but I am perfectly certain that many people both here and overseas would benefit.

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They are still with us

SIR,—Your leading article "They are still with us" (28 February, p 674) was a timely reminder that the classical scourges of tropical mankind continue to inflict their untold suffering and to evade the spearpoints of modern scientific attack.

Everyone would agree that there is an urgent need of "research and training in tropical diseases" such as has been conducted in the London School of Hygiene and Tropical Medicine and the Liverpool School of Tropical Medicine throughout the twentieth century.

These two schools have provided and continue to provide an unparalleled source of knowledge and experience, not only in this country but throughout the world, on a scale far beyond that of their modest size and resources. Great Britain, for example, supplies more medical scientists than any other nation to assist the World Health Organisation in its gigantic tasks in tropical developing countries, and the majority of those workers either are, or have been, associated in some way with those institutions.

At this very time, cutbacks in expenditure coupled with a massive increase in student fees threaten the research and teaching functions of the two schools—and threaten the school itself with extinction in the case of the LSHTM at least. Such a calamity must not be allowed to happen. The whole world would otherwise be the poorer, and a unique and irreplaceable heritage within the art of medicine would be lost to our nation forever.

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"British National Formulary"

SIR,—The new *British National Formulary* was long overdue. It seems to steer a difficult course between the Scylla of brevity and oversimplification and the Charybdis of a mini-Martindale, at the same time being more authoritative and even authoritarian than its predecessors—I do not recall seeing the word "deprecated"—in heavy type—in any previous edition.

But can any of your readers advise me into which pocket (for it is as a pocket book that it describes itself) it is designed to fit? Doctors in Norfolk should have no problem; but how will the townie manage? Perhaps the next edition will be a vest-pocket microprint, complete with *BMJ* magnifier.

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SIR,—I have recently received a copy of the *British National Formulary 1981*. In my view it is a very unsatisfactory publication and will not serve the purpose for which it was designed. It is much too bulky to fit into the average pocket; it is overloaded with detail; the print is too small; and although it is no doubt an excellent work of therapeutic reference it merely adds to the many other similar publications.

Despite shortcomings the previous *British National Formulary* had the merit of brevity and its size encouraged doctors to carry it about; the present publication will, I fear, languish on desks. What a pity the maxim "small is beautiful" was not remembered.

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Amniotic fluid phospholipid profile

SIR,—Dr M J Whittle and his co-authors are to be congratulated on their paper (7 February, p 428). They make an impressive case for using the presence or absence of phosphatidylglycerol to predict more precisely the risk of respiratory distress syndrome in amniotic fluid which has a lecithin:sphingomyelin (L:S) ratio less than 2·0. Clearly, however, more specimens of liquor with an unfavourable L:S ratio need to be assessed for a more realistic impression of the risk of respiratory distress syndrome when phosphatidylglycerol is present. Some might consider the one in 10 risk of respiratory distress syndrome where phosphatidylglycerol was present in only 43 specimens with an L:S less than 2·0 too high to contemplate expediting delivery.

We would suggest that a more quantitative assay of the phospholipids in the liquor might not only prove a more precise predictor of respiratory distress syndrome but also give an indication of the severity of the disease. Planimetric measurement of the spots is unlikely to be accurate enough to achieve this end, especially when the phospholipids have been separated by two-dimensional thin-layer chromatography. We recommend a method which measures the phospholipids by phosphate assay and find it superior to both planimetry and densitometry.

Finally, the authors speculate that the discrepancies between the prediction of respiratory distress syndrome from the L:S ratio obtained by their method and that of other methods may be due to phosphatidylinositol being "pulled out" from lecithin by the two-dimensional thin-layer chromatography. It may also be possible, however, that conclusions based on the L:S ratio determined planimetrically on unidirectional thin-layer chromatography are not directly comparable to those based on planimetric measurement of lecithin and sphingomyelin separated in two dimensions.

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Female sterilisation—no more tubal coagulation

SIR,—The advantages and disadvantages of laparoscopic clip sterilisation have recently been discussed in your columns (6 December, p 1564; 17 January, p 227). The other day a patient who had undergone such a sterilisation made an additional point when she expressed disappointment at the site of the scar of the entry portal for the clip applicator, below and to the right of the umbilicus. She had been fully counselled preoperatively but had not understood where this scar would be.

At laparoscopy a second entry portal suitable for probe, diathermy forceps, or ring applicator placed suprapubically has the advantage of usually being in a skin crease and below the pubic hair margin. In our experience this is not a suitable site for the application of clips, which are more likely to be inaccurately positioned or to fall from the applicator, especially if it is worn. The need to introduce the clip applicator through an incision more clearly visible on the abdominal wall is a disadvantage of the method, at least in the opinion of this patient.

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SIR,—We have followed with interest the correspondence in your columns on the pregnancy rate following sterilisation with Hulka-Clemens clips. This company manufactured clips for the multicentre clinical trial in this country and supplied the first commercially available clip in the world.

Since commencement of manufacture we have been aware that there is a small but recurrent "failure" rate. The result of the

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