who believe (often wrongly) that they are meeting their patients' needs. Secondly, no estimate of cost has been attempted: full implementation must require several million extra pounds annually. Thirdly, and the committee acknowledges this, there is a shortage of medical manpower. A recent consultant post in physical medicine attracted only one candidate suitable for appointment.

I suggest that the implementation of the report must begin with its last chapter—education. If community care of people is introduced in medical schools as well as, and sometimes instead of, laboratory refinement of disease a widespread new specialty may not be necessary. Certainly we need more active centres to educate ourselves and our colleagues in community care, including prevention of disability. Well-educated general practitioners are likely to do far more than the 1972 report envisages to help their consultant colleagues to limit the time that patients are disabled and in specialist care. Consultants in rehabilitation may be needed. They should be there to be consulted and to educate their colleagues and the community.

The objective is to help patients by limiting disability. Most doctors accept this but do not appreciate, because of traditional medical education, that they are failing to achieve what they set out to do.—I am, etc.,

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¹ *Rehabilitation*. Report of a Subcommittee of the Standing Medical Advisory Committee. London, H.M.S.O., 1972.

² *British Medical Journal*, 1954, 2, 1190.

Problems with Asthma

SIR,—I was very interested to read the correspondence between Dr. Frank O. Wells and Dr. Charles Stewart about the course and death of a 30-year-old male asthmatic. In the correspondence there was reference on both sides to the patient's lack of self-confidence and eventual depression, but there was no mention of means taken to relieve either condition.

Whereas I agree with Dr. Stewart that there are asthmatics who find in their symptoms a ready escape from life the motivations for this drive to escape need to be urgently sought; otherwise, as in this case, the situation does so frequently prove fatal. If the dynamics can be found, and often if they cannot, straightforward hypnotherapy with the teaching of autohypnosis can effect radical changes in outlook in so many of these unfortunates. I know that Dr. Stewart uses hypnotherapy in many of his cases and it is possible that it was employed here, but there was in fact no mention of it in the correspondence.

If the escape mechanism masks a depressive illness, then antidepressants need to be combined with hypnotherapy to effect the radical change in outlook. I have found that this approach to treatment applies to individuals whose asthma appears to be out of control despite full steroid support. Hypnosis, coupled with autohypnosis, is so simple to give and so time saving in the overall management of such cases that I recommend it now for all cases of asthma that are not completely controlled by means of disodium cromoglycate, and preferably

before corticosteroids have to be given. There is one proviso; if a patient is seen in my unit for the first time in status asthmaticus, this situation must be relieved, by steroids if necessary, before there can be any question of safely applying hypnotherapy.—I am, etc.,

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SIR,—I was very interested in the article by Drs. Frank D. Wells and Charles J. Stewart (1 July, p.37). I have long wondered whether *Candida albicans* does not play a much more important role in the aetiology of asthma than is at present thought, and whether any research has been done or is being done along these lines. I think much of the so-called "anxiety and neurosis" connected with this disease is in fact not causal but secondary to the actual disease. It is a distressing condition to the patient and his on-lookers both medical and lay, as you say, but I am sure that if we were more able to treat the cause, the patients would not so readily be labelled "tense and anxious."—I am, etc.,

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DIANA SPEARS

Australia Antigen in Transfusions of Fresh Blood

SIR,—Each unit of stored blood distributed by regional transfusion centres has been tested by conventional methods to ensure that it is free from Australia antigen (Au-antigen). Some patients need fresh blood and in this hospital group such units are obtained through the regional transfusion centre from a nearby bleeding session or the blood is obtained locally from a panel of Red Cross blood donors.

In the past the only checks made here before fresh blood was given to a patient was a routine blood grouping and cross match. Standard serological tests for syphilis were performed on the donor serum later. A few weeks ago tests to detect the presence of Au-antigen were added to the range of post-transfusion checks. One Au-antigen positive donation was discovered by this routine, and since that experience all fresh blood for transfusion is checked for the presence of Au-antigen during the cross matching.

The most suitable screen test has been found to be the latex agglutination test described by Leach and Ruck.¹ It is quick, simple, very sensitive, not apparently troubled by prozone phenomena, and the reagents are freely available from commercial sources. The frequency of non-specific reactions is well known, even after the addition of guinea pig serum suggested by Leach and Ruck and inactivation of the test serum,² but a positive reaction is a danger signal which cannot be ignored. Such blood must on no account be given to a patient. Dilutions of the donor serum are tested later by more specific methods such as cross-over electrophoresis and gel-diffusion methods which enable the nature of the antigen to be demonstrated by a reaction of identity. A complement fixation test, the most sensitive test for the presence

of antigen, presents difficulties for routine use because of the scarcity of human antisera, and the number of antigen positive sera which show anti-complementary activity. Full precautions against laboratory infections must be maintained through all these procedures. These are laid out in the Revised Report of the Advisory Group (1972).³

It is not suggested that a routine such as that outlined above will completely eliminate transfusion hepatitis following the administration of fresh blood, but the incidence of such disasters, rare though they may be, should be substantially reduced.—I am, etc.,

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¹ Leach, J. M., and Ruck, B. J., *British Medical Journal*, 1971, 4, 597.

² Ziegenfuss, J. F., *British Medical Journal*, 1972, 2, 48.

³ Department of Health and Social Security. *Revised Report of the Advisory Group on Testing for the Presence of Australia (Hepatitis Associated) Antigen and its Antibody*. London, D.H.S.S. (72) 33, 1972.

Suppression of Puerperal Lactation

SIR,—Dr. L. Varga and others (24 June, p. 743) make interesting theoretical points, but the implication that drugs are needed to suppress lactation is misleading to the clinician in the field. Whether or not the reasons for withholding oestrogens in the late '60s were valid the result has been the dramatic realization that not only are drugs unnecessary but that those we used prolonged the process and made it more uncomfortable. The only trouble my patients who decide to bottle-feed experience now is some mammary congestion in the first few days. Previously several weeks of pill taking was often required. There was occasional nausea and there were many late and weekend calls when the milk suddenly rebounded back on the pills being finished.

Dr. Varga also reports this and his placebo patients did so badly because for obvious reasons they had no different instructions from the others. If fluids had been withheld for the first four or five days, the picture would have been a lot different. I hope their paper will not signal a retreat to earlier habits and more iatrogenic "dis-ease."—I am, etc.,

MICHAEL E. M. COOK

Exeter

"Significance" in Summaries

SIR,—Of the summaries preceding the 235 Papers and Originals you published this year up to 24 June, 28 contain the word "significant" or "significantly" in the statistical sense, or else state a numerical probability. Only eight out of the 28 summaries indicate in any quantitative way the amount of the significant change or difference which is available in the paper.

Presumably someone who works very hard could find that a new drug, say, is very significantly better than its predecessors in a statistical sense, yet the advantage might be slight when measured and of no significance in a practical sense. Can your authors be encouraged to include some measure of