been recorded in man up to now. Guidelines for the use of nuclear magnetic resonance in Britain are available from the National Radiation Protection Board. The theoretical hazards of induction of cardiac fibrillation and cerebral dysrhythmia by currents from rapid magnetic field changes seem remote under present operating conditions. More information is required, however, and people with epilepsy and cardiac disease are not suitable as volunteers. Heating of metal prostheses by radiofrequency-induced electrical fields is another potential hazard.

Nuclear magnetic resonance imaging has advanced rapidly in a short time. The immediate prospect is of its clinical application as a technique complementary to CT scanning. In the middle distance, provided that costs can be contained and development proceeds apace, it is likely to supersede CT scanning in several diagnostic areas. Over the horizon, the possibility of marrying other nuclear magnetic resonance techniques, such as spectroscopy with imaging, could render less fanciful the notion of precisely identifying, localising, and monitoring the physiological, metabolic, and pathological features of tissues in vivo, with negligible hazard to the patient. Before the turn of the century?

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Alcohol: clearing the decks for action

In the past year we have devoted a great deal of our space to alcohol problems. Daily these are becoming worse; thinking on them has changed dramatically in the past decade; but the response of the Government to them has remained inadequate and uninspired.

The consumption of alcohol has doubled in the past 20 years in Britain, and as a direct result every form of alcohol damage that can be measured has increased greatly as well. The range of damage is frighteningly wide—affecting individuals' bodies and minds, families, and the social and economic life of every community. Individual health and social workers have recently been bombarded with information on alcohol problems and are beginning to respond. The Health Education Council and the Scottish Health Education Group are stepping up their alcohol education campaigns. Sadly, however, until now the response by the voluntary organisations and the Government has been poor, but the recent report by a Department of Health and Social Security study group on the voluntary organisations concerned with alcohol abuse (p 1392) may usher in a new era.

The report is strongly critical of the existing voluntary organisations, all of which receive money from the department—that is, the National Council on Alcoholism, the Medical Council on Alcoholism, the Alcohol Education Centre, and the Federation of Alcoholic Rehabilitation Establishments. It suggests that they should be disbanded with a new organisation being created to do the work of all four. Mr Kenneth Clarke, the new Minister of Health, has called for reactions to the report by the end of June. The weakness, rivalry, and overlap of work of the four have long been recognised by those concerned with alcohol problems, and we welcome the idea of a new organisation that will allow a new start as well as a rationalisation of the work. The report makes further suggestions, which we also support: that the medical royal colleges should do more to educate doctors on alcohol problems, and that they should set up a new pressure group—a kind of alcohol equivalent to Action on Smoking and Health. Discussions have been going on for over a year on forming this campaigning organisation, and the time certainly seems ripe for it to be born.

We need such a group because the Government continues to be equivocal in its response to alcohol problems. The drink trade is rich and powerful and supplies the Government with much needed revenue, jobs, and exports (p 1392). The Government is thus understandably unwilling to take strong action to reduce alcohol consumption, but if we are to have fewer alcohol problems then we as a nation must drink less and the Government should adopt policies to ensure that this happens. The much discussed Central Policy Review Staff (the "think-tank") report of 1979 suggested a coherent policy for the Government, but the report has never been published. Instead, we have been given the much criticised Drinking and Sensibly. We join with the British Journal of Addiction in advocating publication of that "think-tank" report, which we feel the BMJ have seen and admired. As a matter of urgency the Government should take up the policies that this report suggests, and in particular it should establish an interdepartmental committee and forge a coherent policy on alcohol.