Hypnosis for Asthma

Sir,—The Report of the Research Committee of the British Tuberculosis Association (12 October, p. 71) on the treatment of patients suffering from asthma claims to have shown a greater improvement in the group treated by hypnosis than in the control group. Improvement was noted by a reduction in the amount of wheezing as observed by the patients, by a reduction in the number of times a bronchodilator was used, and by independent clinical assessment.

One feels bound to ask what value can be placed on a patient's personal assessment of his wheezing when under the influence of post-hypnotic suggestion. To that condition he might ignore or even be unable consciously to hear minor degrees of wheezing. The number of times a bronchodilator is used depends on a patient's sensation of respiratory distress and his subjective assessment of an increase in airway resistance. These too can probably be influenced by post-hypnotic suggestion in the absence of any real change.

We are told nothing about how the independent clinical assessments were made. If these included, inter alia, history-taking, then one might expect a higher incidence of histories describing improvement in patients told, under hypnosis, that their breathing would become and remain free, than in controls, even if there were no physical difference in their asthmatic state. It is clear that hypnosis introduces a bias in its own favour in experiments whose results depend in any way, however subtly, on the subjects' sensations. It is of the utmost significance, therefore, that the only objective tests undertaken, the F.E.V.1 and V.C., showed no difference between treated and control groups.

In the circumstances, I do not think the recommendation in your leading article (p. 67) that "hypnotherapy can be used empirically with benefit" in asthma is validated by the experiments described. There is a pressing need for an investigation into the influence of hypnosis in introducing bias into results which depend on the subject's sensations. While I am not ignoring the influence, and possible value, of hypnosis as a euphoriant, this is not what one wishes to measure when assessing its value in the treatment of asthma.—I am, etc.,

BERNARD J. FREEDMAN.

Dulwich Hospital,
London S.E.22.

Obstetric Units

Sir,—There is an aspect of your recent leading article (7 September, p. 567) which has not been referred to directly by any of your subsequent correspondents. This is the way in which your leader writer, having referred in his first sentence to a recent report on obstetrics in general practice from the Royal College of General Practitioners, thereby implying that he was about to describe its contents, proceeded to mislead your readers by using the article as a vehicle for his personal opinion even when this was completely at variance with the views expressed in the report.

For example, the report (paragraph 109) envisages that the majority of general-practitioner units would be located under the same roof as the specialist unit at the district general hospital, but, according to your leader writer, this would happen only in a minority of cases. The honorary secretary of the working party which produced the report has already written (21 September, p. 742) to correct the false impression conveyed by your article, but at least one of your other correspondents has assumed that the extraordinary suggestion that every town, suburb, and large village should have its own general-practitioner unit was derived from the report itself.

I feel that there is here an important question of principle. When a publication is taken as the text for a leading article, it should be made abundantly clear where editorial comment begins and ends.—I am, etc.,

ROBERT J. EVANS.

Goulston Laboratory,
St. Peter's Hospital,
Chertsey, Surrey.

REFERENCES


**,* we agree on the importance of indicating clearly what is comment, and regret any confusion on that score in our leader.—Ed., B.M.J.

Facilities not as Gazetted

Sir,—We would like to draw your attention to an error in the B.M.A. publication The Hospital Gazetter1 with a view to better informing the prospective applicants for resident posts at this hospital.

It is stated that parking facilities are available at a rate of two spaces a week. In fact, the hospital provides no parking facilities at all, in a meter area, and Westminster City Council provides five resident meter spaces to serve the total resident medical staff, plus any other local inhabitants who want to use them. Incidentally, the billards which are mentioned are also now non-existent.—We are, etc.,

M. G. WRIGHT.
T. KELLY.
P. ALLEN.
T. LEWIS.
C. BATTERSBY.
R. LEWIS.
F. M. DAVIS.
M. R. LOCK.
D. M. DE LACEY.
M. J. MCEWEN.
P. EDWARDS.
D. M. MOORSMAN.
R. ELLIOTT.
T. PRIESTMAN.
N. FAMFY.
I. PROSSOR.
E. FONSECA.
R. D. ROSIN.
T. HARRIS.
L. SMALL.
A. J. W. HILSON.
C. STRAY.
A. V. HIRSH.
M. T. WEEDEDALE.
J. HUGHES.
M. WERELEY.
H. JAMES.

Westminster Hospital,
London S.W.1.

REFERENCE


In summary, our findings in patients with Hb SS do not differ greatly from those of Dr. Serjeant and colleagues. Our lower incidence of T-wave changes is accounted for by the fact that all their patients were over 30 years old, while many of ours were as young as 11. Except where there was some other disorder present (such as valvular disease or hypertension), we have found that left ventricular hypertrophy, "ischaemia," or minor T-wave changes are invariably associated with haemoglobin levels between 6.0 and 11.0 g./100 ml.—We are, etc.,

DAVID G. DELVIN.


GERALD S. HUMPHREYS.

Kingston, Jamaica.

E.C.G. Findings in Haemoglobinopathies

Sirs,—We were most interested in the very comprehensive review of 60 cases of sickle-cell anaemia in Jamaica by Dr. G. R. Serjeant and others (13 July, p. 86), and, in particular, in the section on E.C.G. findings. In essence, the most significant findings were that about half the patients showed left ventricular hypertrophy (by voltage criteria), and 65% showed some form of T-wave changes.

It may be of interest to present in table form our own E.C.G. findings in a further series of 29 Jamaicans with various forms of haemoglobinopathy.

<table>
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<th>Hb AS</th>
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<td>Hb by voltage criteria</td>
<td>Minor T-wave changes</td>
<td>Nodal rhythm</td>
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<td>Normal E.C.G.</td>
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<td>4</td>
<td>6</td>
</tr>
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<td>L.V. ischaemia</td>
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<td>2</td>
<td>11</td>
</tr>
<tr>
<td>L.V. ischaemia</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Nodal rhythm</td>
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<tr>
<td>Total</td>
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<td>5</td>
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</table>

*Includes one case of aortic incompetence.
†Patient hypertensive.