

medium-term clinical effects of exposure to CCAs; second, the proportion of enquiries in which police incapacitant spray was used; and third, whether the clinical symptoms resulting from exposure to police CS incapacitant (containing MIBK) are different from symptoms reported after exposure to other CCAs.

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- 1 Editorial. "Safety" of chemical batons. *Lancet* 1998; **352**: 159.
- 2 Volans GN, Wiseman HM. Surveillance of poisons—the role of poison control centres. In: Eylenbosh WJ, Noah NI, eds. *Surveillance in health and disease*. Oxford: Oxford University Press, 1988; 258.
- 3 Himsforth H, Black DAK, Crawford I, et al. Report of the inquiry into the medical and toxicological aspects of CS (ortho-chlorobenzylidene malonitrile), part I: and part II: enquiry into the medical situation following the use of CS in Londonderry on 13 and 14 August, 1969, and enquiry into toxicological aspects of CS and its use for civil purposes. London: HM Stationery Office, 1969.
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## Placebo needle for acupuncture

Sir—K Streitberger and J Kleinhenz's report (Aug 1, p 364)<sup>1</sup> of the development of a validated dummy placebo needle for acupuncture research is a creative step forward in the acupuncture research conundrum. Acupuncture has evaded rigorous methodological safeguards.<sup>2</sup> The device does not solve all the questions.

This new sham will work for many (if not most) acupuncture point locations. But it may not be suitable for some important sites, for example, the toes, fingers, and scalp. Also, the device may not allow significant diversity in manual stimulation methods or variations in needle-insertion direction. A more important limitation, however, is that the device does not surmount the problem of double blinding<sup>1</sup> (the masking of the practitioner). The report skirts the issue that it is generally impossible to conceal a procedure that relies on practitioner acumen,<sup>3</sup> which is an obstacle for any potential validation of acupuncture. Evidence exists that

practitioner expectation, enthusiasm, and knowledge of any therapeutic intervention is routinely communicated to the patient in a single-blind protocol.<sup>3</sup> The recent National Institutes of Health's Consensus Development Conference on Acupuncture seemed to accept single-blind assessment as the only plausible method in acupuncture research.<sup>4</sup> Should we rest here?

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- 1 Streitberger K, Kleinhenz J. Introducing a placebo needle into acupuncture research. *Lancet* 1998; **352**: 364–65.
- 2 Vincent C, Lewith G. Placebo controls for acupuncture studies. *J R Soc Med* 1995; **88**: 199–202.
- 3 Gracely RH. Clinician's expectations influence placebo analgesia. *Lancet* 1985; **i**: 43.
- 4 Marwick C. Acceptance of some acupuncture applications. *JAMA* 1997; **278**: 1725–27.

## Nursing nursing back to health

Sir—Your editorial (July 25, p 249)<sup>1</sup> neatly summarises what must be the biggest crisis facing the National Health Service (NHS): the worst shortage of qualified nurses in its history. As we celebrate 50 years of NHS nursing and the huge contribution that nurses have made to the National Health Service, we mark also a 50-year history characterised by lack of investment in planning the nursing workforce.

Nurses are the largest workforce in the health service. Yet, poor workforce planning is perhaps inevitable when nursing is still thought of by some as an instinctive, caring job fit for any "good woman". Nursing has long suffered from myth making, but none worse than the myth which claims that nurses are not interested in developing their skills as expert members of the health-care team.

Employers, governments, and, most importantly, patients recognise the value of expert nurses. They realise that nurses provide cost-effective, high-quality care. But although everyone appreciates the value of expert nurses, we are still failing to invest properly in the planning, education, and training of the nursing workforce. If we value the contribution that nurses make to the NHS, we need to value their careers. It is impossible to do one without the other. We are now training near graduate-level nurses who are eager to

become important members of the health-care team, yet expecting them to stay on low-grade pay for 10 years or more.

Today's problems were documented in the 1932 *Lancet Commission on Nursing* and well before that. When it comes to the NHS, politicians are not very good at learning from history. If the Government is to meet its targets to shorten waiting lists for patients and improve standards of care, we must learn from the mistakes of the past. The stakes are too high if we do not.

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- 1 Anon. Nursing nursing back to health. *Lancet* 1998; **352**: 249.

## High frequency radio keeps mosquitoes at bay

Sir—At a time when increasing emphasis is placed on evidence-based medicine, it was regrettable that you published Nigel Glass's Aug 22 news item (p634)<sup>1</sup> on a radio station that claims to protect its listeners from mosquito bites by broadcasting a high-pitched sound.

No evidence, other than assertions about listeners' responses, is presented that the sound affects the behaviour of biting female mosquitoes. In the 1970s and 1980s, many biting counts were made by entomologists worldwide with hand-held buzzers turned on or off, and no difference in biting rate was ever found. Several companies that sold these buzzers were successfully prosecuted and fined under the UK Trade Descriptions Act. The companies were unable to present any evidence apart from letters from apparently satisfied customers.

Most commercially available buzzers are set at about 6 kHz, but we have also tested variants that are supposed to mimic the clicking sound of dragonflies and ultrasonic versions, which would seem to be more similar to the radio broadcasts. In no case was there any significant difference in biting rate with the device on and with it off. I suggest that Glass challenges the radio station to carry out such a test before he repeats their unsubstantiated and commercially motivated assertions.

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- 1 Glass N. High frequency radio keeps mosquitoes at bay. *Lancet* 1998; **352**: 634.