Correspondence

Mercury manometers should be preserved for control of hypertensive patients

Professor Eoin O'Brien has once again (in *ISH Hypertension News* no. 1, 1998) advocated for, that mercury manometers are obsolete, and should be replaced by semiautomatic manometers. Further, that mmHg should be replaced by kilopascal. He writes that mercury manometers are banned in the Scandinavian countries. This is not true. There has been a proposal trying to reduce the use of mercury, but mercury can still be used in manometers for blood pressure measurements. It is not true that semiautomatic manometers are so save, that they can replace mercury manometers. Oscillometry, which is the principle in semiautomatic manometers, is not so precise as auscultatory measurements. The drift in the electronical calibration is only adjustable by medical technicians, and the lifetime of these manometers is so short that it will became a gold mine for the manufacturers if it is decided that mercury manometers should be forbidden. The ISH has a great responsibility in this field.
It is surprising that no discussion of this important topic was on the list of issues at the ISH Amsterdam Meeting. Hopefully, the next ESH Meeting in Milan will give space for a general discussion.

Poul Ebbe Nielsen
Frederikssund, Denmark

The banning of mercury

Dr. Poul Ebbe Nielsen is concerned (once again) that I have raised the issue of the banning of mercury from clinical use. He has previously complained about the fact that I have commented often on the subject[1-5], but he fails to realise that I am not calling for the removal of our dear old friend, the mercury sphygmomanometer, but rather drawing attention to the fact that mercury, being very toxic to the environment, is going to be banned from clinical use, and urging that we prepare ourselves for this by ensuring that an accurate alternative is available. So please don't shoot the messenger!
In my papers I have referenced the governmental sources I have been able to identify from the environmental lobby, and I would urge Dr. Nielsen to do likewise for his statements contraindicating the widely stated view that mercury has been banned in most Scandinavian countries. Such information is important, but often difficult to acquire from governmental sources.
Dr. Nielsen should be aware that I have been to the fore in drawing attention to the inaccuracy of automated devices and, if I may call it such, their "disposability", and our dependency on the algorithms in such devices. I agree that we must look critically at automated alternatives for the mercury sphygmomanometer, but we must not damn automation out-of-hand, because whether Dr. Nielsen likes it or not, we are all going to be measuring blood pressure with automated devices as we move into the next millennium.
Finally, Dr. Nielsen is correct in stating that the ISH has a great responsibility on this issue, but he may be consoled to know that the topic is on the agenda for discussion in Milan at the Workshop of the Working Group on Blood Pressure Monitoring.

1. O'Brien E. Will mercury manometers soon be obsolete? J *Hum Hypertens* 1995; 9: 933-934.
2. O'Brien E. Ave atque vale: the centenary of clinical sphygmomanometry. *Lancet* 1996; 348: 1569-1570.
3. O'Brien E. Where are we now? Sphygmomanometry in the 20th century. *Blood Pressure Monitoring* 1996; 1 (Suppl 2): S9-S13.
4. O'Brien E. Blood pressure measurement at the turn of the century. Current Medical Literature. *Nephrology and Hypertension* 1997; 3: 3-6.
5. O'Brien E. Will the millimetre of mercury be replaced by the kilopascal. *J Hypertens* 1998; 16: 259-261.

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