A pseudodrug for a pseudodisease. Ike Iheanacho on a purported cure for "man flu," p 1090

Why Libya has hit me hard

PERSONAL VIEW **Richard Villar**

I should know all about war. I have been to enough of them. Yet Libya has hit me hard. It is my birthday. Lying in the primitive intensive care unit of this hospital, deep inside an area of rebel controlled Libya, are three young men. None is over 25 years old. They look almost identical. Each has perfectly cut, military-style short hair, each is sedated, each is dripped and catheterised, each is in pain, and, yes, each is a pro-Gaddafi soldier. They are Libyan, not central African, and they are most certainly not mercenaries. Each has a mother, each has a father, and each demonstrates the futility of war.

These three casualties are the result of contact between anti-Gaddafi and pro-Gaddafi forces about 10 km east of me now. No armour was involved as NATO bombing has reduced that to almost zero, but small arms fire and inaccurate, rapid deployment missiles are the order of the day. These three soldiers have a friend, aged less than 20 years, who is now in the hospital's morgue covered by a shroud. Four young friends fighting, one presumes, for something in which they believe. Had they known the outcome I see before me, would they have joined, would they have believed at all, and would they have fought?

Yet these three young survivors, left for dead by their friends, were gathered up from the battlefield by their opponents and brought to the hospital. I will not tell you where I am because these three young casualties are being cared for by some of the bravest unsung heroes on the globe. The moment I name them, or say where they are, they will unquestionably become targets of Colonel Gaddafi. They tell me, too, that pro-Gaddafi wounded are not welcomed back to Tripoli and many are dispatched on the field. I have no evidence of this, of course, other than what I am told, but around me I see water wells being poisoned with diesel, herds of goats slaughtered, and palm trees chopped to the ground. I have received news that white phosphorus and cluster bombs are also being used. There seems to be a concerted effort to "cleanse" this region of its people and economy.

As I tentatively walk the streets outside, I see no women, no children, and few cars. Mostly the town is silent, war so often is—no birds, no dogs, no tweeting, no barking, no background traffic noise. I could see why at the border: as we entered I counted almost 300 vehicles leaving Libya. Going in we were one of three.

I see water wells being poisoned with diesel, herds of goats slaughtered, and palm trees chopped to the ground. I have received news that white phosphorus and cluster bombs are also being used

ROB WHITE

The hospital staff come from around the world—Bangladesh, North Korea, Tunisia, Libya, Egypt, and, of course, the United Kingdom. There are probably more women than men. These are remarkable people. Some were here before the war and have chosen to stay or are perhaps too scared to leave. Others have come for the occasion, driven by a desire to help, not one side or the other but, put simply, because that is what medical folk do. An injured person needs medical care and it matters not to which side they belong. The only choice is based on the severity of injury, not on politics, religion, or affiliation. This is key to all medical care in conflict zones.

With such an international staff, communication is sometimes a problem, so we talk in French and English and Arabic, a sort of hybrid of all three. These are brave people. Some have crossed the frontier at night, guided by smugglers, to reach the hospital. They have been shot at; they have avoided minefields and arrest, all to bring their skills to this remote and abandoned hospital. Unlike their military counterparts, they will receive no recognition for their efforts. They are the faceless face of heroism. They have come because they believe, not because they have been told.

So in this intensive care unit, now so depleted of its equipment, a Tunisian surgeon has saved the shot soldier to my left. If infection does not intervene, this young man should recover. A surgeon from the UK saved his friends. This was remarkable work. The soldier, being pro-Gaddafi, cannot be evacuated to another country because he may not survive when in the company of those who are against Colonel Gaddafi. He must stay where he is; the equipment must come to him, somehow, while the hospital keeps him going until it arrives.

It is time to take that gamble again. The rapid dash through the desert to the border, as fast as we can go, our Berber driver seeming unmoved by the risks he runs. The speedometer touches 120 km per hour as he bumps along the switchback route, steering wheel grasped firmly with one hand, canned fizzy drink in the other, while talking loudly to his colleague sat beside him in the front. I sit in the back, squashed beside two colleagues, hoping that today God, Allah, luck—call it what you like—does not disagree. There is a man back there, pro-Gaddafi he may be; but he is a patient, a young man with friends and family who desperately needs our help.

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Haiti: I want to go back (*BMJ* 2010;340:c695)

REVIEW OF THE WEEK

The first realistic television drama about the NHS?

The hard hitting 1983 drama *The Nation's Health* was one of the first to show the fallibility of doctors and the health system, says **Sally Carter**. It kicks off a season at the British Film Institute exploring portrayals of the NHS on television

The Nation's Health
A Channel 4 television drama series
Script by G F Newman
Shown as part of the British Film Institute's television season, The Nation's Health, throughout May 2011 (www.bfi.org.uk)
Rating: ★★☆☆

The British Film Institute is showing a season of television programmes and hosting panel discussions in May to consider how the NHS has been represented on television since its inception. Are changes in the portrayals of the NHS a reflection or a cause of changes in public attitudes to the service? The season includes screenings of the drama series *Emergency—Ward 10*, *General Hospital*, *Casualty*, various medical documentaries, and comedies such as *Doctor in Charge* and *Surgical Spirit*.

The season begins with the drama series *The Nation's Health*, written by G F Newman and aired in 1983. The four 85 minute episodes—"Acute," "Decline," "Chronic," and "Collapse"—will be shown two at a time with intervals between episodes and a question and answer session with G F Newman afterwards. It's good that viewers get a break between the programmes because I watched them back to back and "acute, decline, chronic, and collapse" sums up my viewing journey. I started with enthusiasm and watched them through to the end—but I haven't looked at a television screen since.

The actors are excellent. The programmes are shot in a documentary style without music. They're well written and undoubtedly powerful, but unremittingly grim. The NHS is shown as under-resourced and staffed by people who are, at best, exhausted. No solutions or hope are offered. Each episode stands alone but the hospital, characters, and strands of stories are common through the series. Jessie Marvill is a young doctor at a fictional inner city teaching hospital, St Clair's, trying to work out what career path to take within the NHS. We follow her progress as a senior house officer as the series progresses.

In "Acute," the focus is on how patients with cancer are treated. Dr Marvill starts her surgical training at St Clair's and immediately has to contend with food poisoning in the kitchens, racism from a consultant who refuses to take on a new registrar because of his ethnicity, the difficulties associated with whistleblowing, and possible ward closures. She finds that the consultants with whom she works have full control over how patients are treated and seem more interested in advancing their careers than in what is best for their patients.

The second episode, "Decline," looks at a general practice near St Clair's hospital and considers the fate of the patients of an ageing general practitioner who has to deal with long hours, late night call outs, an overcrowded surgery, and drug company representatives calling on him at work. Back at the hospital we witness prescribing errors, a botched birth, postnatal depression, a miscarriage, and consultants making money from private patients while NHS administrators barter with other hospitals for resources.

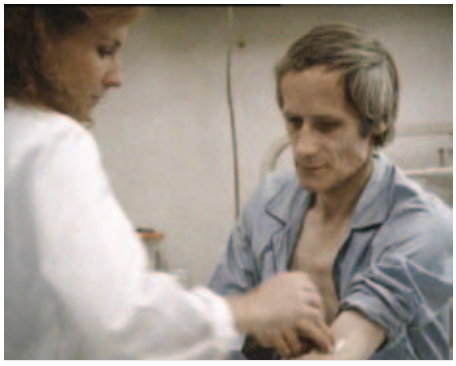
The final two episodes depict the care of older patients and mental health. Among the selection of depressing events in these programmes are strikes and ward closures; drug companies trying to get new drugs trialled on older patients; the lack of funding for mental health; and the vicious public opinion about people with mental health problems. Finally, Dr Marvill realises that she might have made a mistake in choosing medicine as a career.

The television writer and producer G F Newman holds strong and controversial views: he has a dim view of conventional medicine and the criminal justice system. In 1978 he wrote four episodes of *Law and Order* for the BBC, depicting a wholly corrupt system and drawing complaints from the police and the Prison Officers Association. Views similarly critical of the establishment often creep into the storyline of *The Nation's Health*—for example, an older patient with cancer expresses her dislike of radiotherapy treatment, and Dr Marvill replaces it with a change in diet and "a change in attitude." The patient recovers, much to the annoyance of the consultant who recommended more radiotherapy.

The Nation's Health was reviewed in the *BMJ* when first shown (*BMJ* 1983;287:1138). The reviewer (Trisha Greenhalgh) said that she found "its characters too cruel to be credible and its message too hard sell to be persuasive," and I agree, but in the same issue Minerva said, "Last week saw the start of the four part series 'The Nation's Health' on Channel 4. No doubt the public will be entertained—and a few potential patients scared and worried—by a black comedy with little relation to reality" (*BMJ* 1983;287:1147). Blackness, yes; but comedy, no, none—if only there were.

How "little relation to reality" these programmes bore to the NHS in the early 1980s is up for debate, but something in these programmes smacks of truth, raising questions that still need to be asked of the NHS and its staff. These programmes make fascinating if difficult watching, because they do not show the deference towards the medical profession and the NHS shown by previous British dramas such as *Doctor Finlay's Casebook*, *General Hospital*, and *Emergency—Ward 10*. Their gritty influence on later British medical dramas, such as *Casualty* can be seen clearly.

These programmes [*The Nation's Health*, right] make fascinating if difficult watching because they do not show the deference towards the medical profession and the NHS shown by previous British dramas such as *Emergency—Ward 10* [left]



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BETWEEN THE LINES **Theodore Dalrymple**

A forgotten temper

It is the fate of most writers, including medical ones, to be forgotten soon after their death if not before. The laws of literary survival are no less ruthless or uncompromising than those of the survival of species. A million books must be written that a hundred may survive, at least for a short time.

Dr John Shebbeare was born in the same year, 1709, as Dr Johnson. He was apprenticed to a surgeon in Exeter, where his own practice did not subsequently flourish, possibly because of his bad temper. He published medical books such as *A New Analysis of the Bristol Waters; together with the Cause of Diabetes and Hectic, and their Cure, as it Results from those Waters*; *The Practice of Physick, founded on principles in Physiology and Pathology hitherto unapplied in Physical Enquiries*; and *A Candid Enquiry into the Merits of Dr Cadogan's Dissertation on the Gout*, which brought him neither fame nor patients. In 1752 he travelled to Paris, where (according to Shebbeare, but doubted by everyone else) he received a medical degree and was elected to the French Academy of Sciences.

His splenetic temper made him better suited to political pamphleteering than to the practice of his profession. He wrote a satirical novel against an act of parliament forbidding secret marriage without parental consent and which was meant to discourage fortune hunting suitors of rich brides and grooms. A Tory of Jacobite leanings, one of Shebbeare's pamphlets got him into hot water; after trial for sedition he was put in the pillory at Charing Cross and then imprisoned for three years. His fellow medical author Tobias Smollett detested him and lampooned him in his novel, *The Life and Adventures of Sir Launcelot Greaves*, as the character Ferret, a political agitator and quack doctor.

However, his fortunes eventually turned. He was a supporter of George III, who gave him a pension. The poet William Mason was not impressed by this, however, and in his *An Epistle to Dr Shebbeare* wrote that he was, "The same abusive, base, abandon'd thing / When pilloried, or pension'd by a king."

James Boswell thought slightly more highly of Shebbeare, saying that "whatever objection were made to him, he had knowledge and abilities much above the class of ordinary writers." This is not exactly a claim to literary immortality—more like damning with faint praise.

Shebbeare: his conversation was extraordinarily coarse and consisted mainly of the abuse of women and Scotsmen, whom he claimed to be "the two greatest evils upon earth"

Fanny Burney mentioned him in her diary, and says that his conversation was extraordinarily coarse and consisted mainly of the abuse of women and Scotsmen, whom he claimed to be "the two greatest evils upon earth."

In 1770 he visited the island of Jersey, the resultant book being *An Authentic Narrative of the Oppressions of the Islanders of Jersey*, a book so intemperate in its criticism as to be regarded as almost worthless by subsequent scholars: "Whilst I remained in the island, every day, and almost every hour, afforded fresh relations of detestable oppression; and dispensations of unrighteous judgment by the magistrates; and more particularly by two such brothers, as the womb of woman had never produced, before their birth."

Dr Shebbeare did not seem to mellow with age. In the year of his death, 1788, he published his last forgotten work, *The Pole Cat, or C Jennings, the Renegade Schoolmaster . . . Detected*. But I suppose his hatred kept him young at heart till the very end.

Theodore Dalrymple is a writer and retired doctor

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MEDICAL CLASSICS

A Treatise on Insanity

A French book, *Traité Médico-Philosophique sur L'aliénation Mentale ou la Manie* by Philippe Pinel, first published 1801

Is it possible to treat patients with mental illness humanely and still effect a change? This question was central to Philippe Pinel's seminal book *Traité Médico-Philosophique sur L'aliénation Mentale ou la Manie*. It was published in France in 1801, and a popular translation (*A Treatise on Insanity*) was published in England in 1806. This book had an enormous influence on French and Anglo-American psychiatrists during the 19th century.

Philippe Pinel (1745-1826) has been described as the father of modern psychiatry. He was born in 1745, and his name has most commonly been associated with the "moral" and psychologically informed treatment of mentally ill patients. Coming from a long line of physicians, Pinel became interested in the treatment of mentally ill people when a close acquaintance committed suicide.

Pinel criticised the administrators of the lunatic asylums, who, with few notable exceptions, treated mentally ill people as dangerous. Most inmates were considered incurable and spent long years behind closed doors, bound in shackles and chains. Pinel's appointment as the physician of Bicêtre Hospital near Paris led to a meeting with Jean-Baptiste Pussin (1745-1811), who worked as the governor of the asylum. Pussin himself was formerly treated for mental illness, and his humane method of treating the residents of the asylum had a deep impact on Pinel. *L'aliénation Mentale ou la Manie* was largely based on Pinel's observation of the 200 or so mentally ill patients who were residents of Bicêtre Hospital at that time.

Pinel: moral psychiatry

JEAN-LOUP CHARMET/SPL

Pinel starts by reviewing the state of psychiatric knowledge, reassessing the writings of Plato, Plutarch, Tacitus, and other classical Greek, Roman, and Arab physicians. He then adds his own observations, highlighting the beneficial effect of psychological treatment and a suitable design for mental institutions. He thought that knowledge of the emotional state of the patient was the key to making appropriate diagnosis and finding a cure. In his opinion, observation was essential in understanding the patient. He advocated freedom for patients but also highlighted the need for assertive treatment in some circumstances when the patient had become violent or uncontrollable. More controversially for modern readers, he devotes an entire part on what would later be known as "phrenology," discussing the association between the physical appearances of people with mental illness and learning disability ("idiots") and their mental illness.

In more ways than one, this book was way ahead of its time. More than 200 years has passed since first publication, but the clinical observations remains striking. It should serve as a reminder to clinicians and scientists who work in psychiatry of the importance of observation and getting to know their patients.

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A write off

FROM THE FRONTLINE

Des Spence

General practitioners' NHS records are eccentrically British and brilliant. They stalk you all of your life, wherever you move to in the country. So there is an absolutely complete record of medical care since 1948—every hospital letter, every GP's entry and attendance at the emergency department—the lot. This is the world's greatest untapped source of complete observational longitudinal data. But the records are also riveting reading, with letters from long closed fever and tuberculosis hospitals, handwritten with fading fountain pen, or knocked out on early typewriters. GPs' entries likewise were handwritten scribbles. This was a different era—rude, blunt, insensitive, and above all brief, sometime just one word. In the past we were a profession clearly pressed for time; communication was curt and to the point. I seek not to defend the dark ages, but written communication has changed. The NHS's political slogan has become communication, communication, communication.

Paper is passing, so everything is scanned or emailed. These days I open my electronic mailbox to find 70 entries a day in my intray. I send only three letters a week to the hospital and so wonder how this can be. Letters are not merely from medical contact but from physiotherapists, podiatry, nurses, social work, and especially NHS 24. Then there is the endless NHS spam, promoting futile silly initiatives and educational meetings that even from the flyer are obviously devoid of any educational value. Everyone is copied in "just in case" and because we can.

Many letters aren't even real letters but pro formas, produced by the design illiterate, with tickbox negative findings that conceal all relevant information. Other letters are dictated pages of rambling prose, full of defunct clinical signs and dubious differential diagnosis; the conclusion is always yet more investigations and internal referrals. Defensive practice and jargon are the norm. But the most important communications, immediate discharge summaries, are still scribbled in crayon on crumpled tracing paper. The full details arrive weeks later, having been sent in error to Wigan. GPs' referral letters are no better, ever increasing in complexity, but often without being clear about why the referral has been made.

The sharp clinical needles are lost in an ever expanding electronic haystack of irrelevant chatter. So I now must skim read letters, because otherwise I would never be able to see my children. And with these changes everyone understandably now demands admin time and secretarial support to write the unreadable and attempt to read the unreadable. The knock-on effect is that this reduces clinicians' availability. Could it be that today's communication culture is actually worse than the fountain pen paper of the past?

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Take it like a man

DRUG TALES AND OTHER STORIES

Ike Iheanacho

Listen to the male sufferers and you'd think that they were dying. However, they do tend to look better than they swear they feel. The resulting scepticism that these men provoke may well trigger them into overenergetic sniffing, coughing, or nose blowing, and an even more florid recounting of the terrible lethargy, discomfort, and infirmity that onlookers can't even begin to appreciate.

Sooner or later the victims, as they have by then come to regard themselves, take to their beds. Thankfully, though, their symptoms typically resolve quickly with rest (or, more specifically, inactivity), accompanied by such aids as DVD box sets, uninterrupted access to gaming and texting ("…still feeling rough m8 …"), and crisps.

Such are the features of adult male specific pseudoinfluenza-like illness, otherwise known as "man flu." In contrast with its status in everyday conversation and the lay media, man flu is scientifically flimsy and largely absent from the medical literature. Not that this matters much because so firmly entrenched is the belief in man flu that it's unlikely to be seriously threatened by such small matters as a lack of hard evidence. What's more, the status of the condition has been recently bolstered by the launch of a treatment that targets affected men.

MANFLU (in capital letters, followed by, yes, a registered trademark symbol) is a cleverly positioned creation, whatever its other limitations. Essentially a lemon, lime, and honey flavoured drink, it taps straight into the rich comedic value of its namesake, being marketed, for example, as offering "comfort, soothing and sympathy—in a bottle" and "best served 'hand delivered' in bed or on the sofa."

The blurb also makes a point of mentioning that the product is devoid of sugar, caffeine, and "paracetamol or other medicine"; and indeed the drink is not recognised as a drug by regulators, presumably because they don't regard the various jokey promotional claims as being medicinal and therefore necessitating proof.

That, though, is only part of the story. Listed and talked up as ingredients in the product information are *Echinacea*, vitamin C, and zinc. Widely worshipped as cold cures, their presence alone may convince many people that the drink has proven medicinal benefit in so called man flu. In addition, MANFLU can be found on the healthcare shelves of a leading supermarket. So for all intents and purposes, it may seem like it is an effective drug, regardless of the technical niceties of that term.

Arguably, there's no big deal here given how the thing's been labelled and promoted. On the other hand, large sales would no doubt encourage a rash of copycat products. More pseudodrugs for pseudodiseases: man, it's enough to make you sick.

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