CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Collaborating with the pharmaceutical industry

SIR,—I write to comment on the observation that was made in Views (17 February, p 495) on my discussion of the relationships between industry and units of clinical pharmacology.[1]

I do indeed hold the opinion that it is beneficial for pharmaceutical firms to provide finance, seconding staff and, in certain instances, offering laboratory facilities in clinical pharmacology departments in the way that I outline. The innuendo of Minerva, that medical-academic-industrial collaboration *must* involve impropriety, or improper influence, to threaten objectivity is both oversimple and obsolete.

We have to start from the premise that there is a need to evaluate scientifically new drugs that are produced, virtually invariably, by the pharmaceutical industry. It seems that a good place, if not often the best place, would be an academic department of clinical pharmacology. This must therefore mean some appropriate financial payment to support the work of the department. It is surely not suggested that pharmaceutical firms should pay nothing—one could write a headline for a certain "quality" daily, "Pharmaceutical firms get research done on the taxpayer (on the NHS or university)." Payment to the department, in theory, could threaten objectivity, but so could other factors such as the desire to get one's name on a publication. Clearly scientific reputation is a quality that needs to be jealously guarded, as is well recognised, and not only in academic departments. A reputable firm, in any case, desires to get to the truth sooner than the inevitable later. In addition, it is necessary to point out that the likelihood of provision in the future by NHS or universities of adequate facilities for the complex and often expensive studies would seem to approach zero.

The seconded staff from pharmaceutical firms may do work not solely on their own companies' products, and they certainly do not work in isolation but have the direction of an academic consultant. This scientific involvement and training of medical personnel from drug firms is potentially of great value in fostering a scientific approach, which will improve the objectivity of the medical adviser when he deals with commercial pressures within his firm and, importantly, when the evaluation of drugs is carried beyond the university hospital into other district hospitals and general practice. Academic departments have a responsibility to improve the quality of opportunities of physicians in the pharmaceutical industry in the interests of good drug evaluation and there is no better way than directly involving them in research.

Academic departments and industry are both concerned with drug evaluation, and sound co-operation in recent years has been improving. There is much scope for a continuing fruitful relationship, and any artificial barriers between the scientists of industry and those in academic departments would be against the interests of all parties. Interplay of ideas and direct exchange of information are most definitely in the interests of healthy volunteers and patients. This is achieved by well-trained medical advisers.

I hope that a sound, scientifically based relationship, with appropriate financial support, will continue between industry and ourselves. Finally, may I quote the view of the working party on universities and industrial research of the Universities and Industry Joint Committee (1970), on which there were five Vice-Chancellors: "Universities normally should make a realistic charge to industry for research work which reflects total and not marginal costs." On joint research it said, "The collaboration brought about by this activity is most beneficial and it should be encouraged. . . ."

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[1] Prichard, B N C, *British Journal of Clinical Pharmacology*, 1978, **6**, 387.

Kielland's forceps

SIR,—In reply to the correspondence (27 January, p 266; 10 February, p 408) about our report on the use of Kielland's forceps