view to assessing precisely the adverse effects of unemployment on psychological and physical morbidity. Of prime importance is the identification of high-risk groups and of ways of preventing them suffering the adverse effects of unemployment.

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- ¹ Eisenberg P, Lazarsfeld PF. The psychological effects of unemployment. *Psychol Bull* 1938;**35**:358-90.
- ² Kasl SV, Gore S, Cobb S. The experience of losing a job: reported changes in health, symptoms and illness behaviour. *Psychosom Med* 1975;**37**:106-22.
- ³ Brenner MH. *Mental illness and the economy*. Cambridge, Mass: Harvard University Press, 1973.
- ⁴ Brenner MH. Mortality and the national economy. A review, and the experience of England and Wales, 1936-76. *Lancet* 1979;ii:568-73.
- ⁵ Gravelle HSE, Hutchinson G, Stern J. Mortality and unemployment: a critique of Brenner's time-series analysis. *Lancet* 1981;ii:675-9.
- ⁶ Fagin L. *Unemployment and health in families*. London: DHSS, 1981.
- ⁷ Cochrane R, Stopes-Roe M. Women, marriage, employment and mental health. *Br J Psychiatry* 1981;**139**:373-81.
- ⁸ Holmes TH, Rahe RH. The social readjustment rating scale. *J Psychosom Res* 1967;**11**:213-8.

A New Year gift from the BBC to all smokers

This year began with doctors and the BBC still arguing bitterly over the *Panorama* programme on brain death. Next year will start much more amicably when the BBC launches its series of six 10-minute programmes designed to help smokers to stop smoking. Called *So You Want To Stop Smoking*, the programmes will be broadcast on consecutive Sunday evenings on BBC2 at 5.45, starting on 3 January. More than two years' work, research, and thought have gone into their preparation. Given that the *BMJ* has sometimes criticised the BBC heavily, it would be churlish not to acknowledge the thought and care that have gone into making a programme which is aimed at cutting down the commonest cause of preventable morbidity and mortality in Britain.

Right from the beginning the programmes had clear objectives: they were to be aimed at smokers who wanted to stop smoking (particularly those in social classes IV and V, who are having least success in stopping); they were to help these people to stop and "stay stopped"; and they were to concentrate on the benefits to be had from stopping smoking rather than on the death and disease that result from continuing.

Two pilot programmes were designed to answer particular questions, among which were: who should present the programmes; how many presenters should there be; how should the programmes be organised; should they include cartoons; should there be pictures of "buckets of lungs"; should celebrities be used; should there be any humour; and should "vox pops" (media jargon for quick comments from people in the street) be used? After making the pilot programmes, the team showed them in 11 cities, always to two audiences—one a group of interested professionals and the other people from the "target audience"—that is, smokers who wanted to stop. On many issues the two groups thought quite differently, and the producer, Anne Jackson, had to interpret exactly what the groups were saying and arrive at some sort of compromise in

making the final programmes. Mostly the decisions veered in the direction of what made an impact with the target audience.

Many of the target audience liked the doctors in the programmes to be older, behind desks, and wearing white coats; the professionals thought this very old fashioned. Most of the audience liked "buckets of lungs" and pictures of pathologists slicing cancers; the professionals thought this far too negative. The professionals, however, were all for humour, whereas the audience, although they did not mind a little, did not want too much humour as they thought it would undercut a serious subject. Everybody, however, liked people to identify with, "vox pops," cartoons (in small doses), and celebrities.

After the pilot run the team had a much clearer idea of how to make the final programmes. They are centred on four people who are trying to stop smoking: a young, newly married Aberdonian girl; a married woman in her thirties with teenage daughters; and a working class Londoner in his forties and his wife. These people have been carefully chosen from hundreds, not only for their ability to "come over on television" and the producer's confidence in their ability to stop smoking, but also because they fulfil carefully predetermined criteria of things like age, class, and number and type of cigarettes smoked. Critics might say that there should be an adolescent or an old person, but in six 10-minute programmes not everything can be covered and not every type of smoker can be individually catered for. But every single person who appears in the programmes—and with the "vox pops," the celebrities, and the experts there are a great many—is there for a specific purpose.

The programmes will be supported by an information pack, which viewers can write in for. This includes a booklet *So You Want to Stop Smoking*, which has been specially written and has the same positive emphasis as the programmes; a tabloid newspaper; a "contract" that the viewer can use with a friend or spouse; and a letter from the presenter, Dr Miriam Stoppard. There will be a splash of advertising, tee-shirts, badges, and posters—indeed, commercial radio stations are going to carry trailers for a BBC programme. One important result will be that the antismoking message will be seen as establishment rather than fringe.

All this furore is bound to have effects on general practitioners. Viewers will not be told directly to go to their general practitioners, but doctors—including a general practitioner—will be seen in the programmes, and viewers will get the idea that doctors can and should help. For this reason the publication of the Give Up Smoking kit, which has recently been sent to all general practitioners (26 November, p 1576), was brought forward. Every general practitioner will have it in his possession if and when patients arrive after watching the programmes.

General paralysis of the insane

We have all been conditioned over the years by every form of audiovisual aid to believe that "Guinness is good for you," and we see an extensive field trial of this beverage being carried out daily by our friends: so it may be something of a similar paradox if I were to suggest that in certain cases "Disease is good for you." Perhaps I could correct this and say that as a result of disease the world of letters, science, art, and even politics has gained something. Naturally I have in mind those two diseases tuberculosis and syphilis, with

special reference to the grandiose delusions of general paralysis of the insane, GPI. The relation of tuberculosis with poetry, music, and arts is so well known that I need only mention it in passing.

Every man has two separate parts in his make up. One is the artistic side, an original gift with which he is born, and the other is the scientific, the mathematical, computer side, which tells him that two and two make four, and neither syphilis nor tuberculosis can change that. In the extensive literature on the subject we find few bank managers, business tycoons, atom splitters, or professors of mathematics who have gained anything from these diseases. In the world of painters, writers, poets, musicians, or sculptors, however, the reverse holds good. Many colleagues of my own generation have in their possession paintings done by a certain local artist. At one time these could be bought for £10 or £20. Today their value approaches four figures. This artist had a rather unimpressive pedestrian period, which suddenly became alight when he developed the grandiose delusions of general paralysis of the insane. In this short, exciting period he produced a considerable quantity of delightful pictures before he finally faded away to end his days in a mental hospital.

Has the cure of syphilis deprived the world of something valuable? I suppose we are correct in assuming that neuro-syphilis to a great degree is gone for ever. Does general paralysis of the insane only affect those of high intelligence? and is tabes, its counterpart, reserved for the man of brawn—the manual worker as against the thinker? I wonder where the surgeon comes into this category.

If we are satisfied that general paralysis of the insane has given the world something of value should we not be selective in our treatment of the patient with syphilis? Should we not leave those untreated whose intelligence, whose artistry, whose flair might with the onset of general paralysis of the insane give something to the world? When we see the great names associated with this disease it gives us food for thought. Surely King Philip II of Spain without his grandiose delusions would never have had the audacity to attack Queen Elizabeth's navy?

General paralysis of the insane was a scourge in Victorian and Edwardian times, with deaths numbering thousands a year. Would Cecil Rhodes have had the concept of the Cape to Cairo railway or the vision of a Rhodesia without the stimulus of the spirochaete? John Keats had syphilis and tuberculosis, and Charles Baudelaire openly admitted that syphilis produced his driving force. Oscar Wilde wrote a poem to Odessa, the only working harlot in Oxford, from whom he contracted his syphilis.

It was with some sadness, I must admit, that I read that Good King Wenceslaus was similarly affected. I do not sing that carol with the same gusto that I did in my youth (or possibly with more). Richard von Volkmann is a name well known to every medical student on account of his famous ischaemic contracture. He was an important figure in the German Army in the 1870 Franco-Prussian war and died of general paralysis of the insane in 1889. It is interesting that although he wrote much on surgical matters under his own name he also wrote often under the name of Leander on other, lighter subjects. Germany's chief thoracic surgeon had general paralysis of the insane, and towards the end of his career, when a blood vessel began to spurt, he would try with his forceps to catch the stream in mid-air rather than attack the bleeding point direct.

In most cases, sadly, the stimulating phase of general paralysis of the insane was of short duration before the final mental deterioration, but the disease might perhaps be considered worth while if we agree that "one crowded hour of glorious life is worth an age without a name."

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Medicine and world politics

Critics of medical science often assert that all the modern gadgetry has done little or nothing to affect life expectation, giving most of the credit for any improvements to better nutrition, sanitation, and other environmental factors. Modern medicine may, however, claim some spectacular successes in the past year at an individual level. The resuscitation of President Reagan and the Pope after they had been shot and the insertion of a pacemaker into Chancellor Schmidt were presented to the world as routine treatments, yet only two generations ago the outcomes might have been very different. Other contemporary political leaders supported by their doctors include Brezhnev and Begin. Whether or not power should be retained by men who would have been retired from most other professions is another question and one that deserves more debate than it gets.