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Medicine and the Media

THE TITLE OF the programme *Kill or Cure* (Channel 4, 29 April) is likely to produce feelings of déjà vu among many doctors. "There go the media," they may say, "overreacting to the problem of adverse drug effects with sensationalism and eye catching headlines." *Kill or Cure* will be a series of six programmes dealing with adverse drug reactions, accompanied by a booklet of the same name. Reading the booklet may encourage the belief that the programme is a one sided affair, but if the first 45 minute programme is representative of the series then this is not the case.

The producers chose in the first programme to present the story of SMON (subacute myelo-optic neuropathy), the disease that occurred in Japan in almost epidemic proportions in the late 1960s. Three patients, one from Japan and two from America, gave a vivid account of their problems, clearly established as due to halogenated oxyquinolines such as Entero-Vioform and Diodoquin. Although the booklet was one sided on the SMON story, the television version took care to try to present both sides of the risk benefit equation and gave, I thought, a balanced view. Many doctors would agree, in this case, that the risk benefit equation is heavily weighted to the risk side, but this is not true with other topics chosen for future screening, such as the practolol story.

Kill or Cure will also examine, among other topics, vaccine damage, essential drugs, and compensation claims, and if the remaining programmes are as balanced as the first I would strongly recommend them to a medical audience. The pharmaceutical industry did not emerge from this programme with its reputation untarnished, and the record of one or two companies on the SMON problem certainly leaves much to be desired. I shall be particularly interested to see how the programme presents the problem of compensation. If it results in increased pressure for a no fault compensation system then this medical programme will have achieved more than most.—MICHAEL ORME, senior lecturer in pharmacology and therapeutics, Liverpool.

THE OXFORD contribution in 1940 to developing penicillin was well described in *Breakthrough's* programme "The Miracle Drug" (BBC1, 6 May). It was fair and balanced in so far as it gave proper and equal credit to Florey, Fleming, and Chain—as did the Nobel prize committee. But it was wrong in suggesting that before penicillin there was "no effective medicine" against bacterial infections. There were sulphonamides from 1935; and their appearance was as dramatic a breakthrough as was the discovery of how to extract, purify, and use penicillin in man in 1940. Admittedly, penicillin had a wider range and greater speed of action, and bacterial resistance developed more slowly. But the sulphonamides really were the first of the miracle treatments against bacterial infections.

Interviews with Margaret Jennings, Florey's second wife; his daughter; Heatley; Fletcher; and Abraham showed interesting and informative angles on Florey's own reactions to the work he did so well and led so bravely against many discouragements. He was always reluctant to use the word "miracle," although it was freely employed by others. The work was begun as "an interesting scientific exercise" and acquired something of the flavour of a crusade only under the stimulus of the war.

More should have been made in the programme of the enormous contribution of penicillin to preventing gas gangrene in the campaigns of 1943-5 and of the magnificent collaboration between British and American scientists and government organisations in producing enough penicillin quickly enough to be really useful in revolutionising the treatment of war wounds. Surgeons who had experience of treating war wounds in the first world war and again in the 1943-5 campaigns did not hesitate for a moment about using the word "miracle." Florey's sense of responsibility in the face of scarce supplies of penicillin and his natural modesty restrained him from claiming the miracle or even of talking about it to the press. But it was a contribution of the first order and was rightly so presented. The same work could not be done in the same time today: our preoccupation with safe medicines would see to that!—SIR JAMES HOWIE, formerly director of the Public Health Laboratory Service, Edinburgh.

ALL IS NOT well in newborn special care, as Court, Short, Black, and numerous other reports have pointed out in recent years. Knowledge is not lacking as the abundance of scientific reports shows, but what is often missing is a sufficient number and quality of staff, adequate buildings, and sometimes even the most basic equipment. But what may be lacking above all is commitment: the commitment of health authorities, obstetricians, local administrators, midwives, and paediatricians towards providing a truly first rate service.

The National Association for the Welfare of Children in Hospital has published an invaluable guide to the current state of newborn care in the UK—*Special Care for Babies in Hospital* by Priscilla Alderson (£2 including postage from National Association for the Welfare of Children in Hospital, 7 Exton Street, London SE1). Drawing widely on scientific, academic, governmental, and lay evidence, Priscilla Alderson has produced what in jargon might be called a state of the art report. Fortunately, she is too literate for that sort of language, and the book makes easy and interesting reading. Those without specialised medical knowledge—administrative staff in particular—will find within its 74 pages all they need to know about care of the newborn. Midwives, doctors, and other professionals may learn that most useful of lessons, one provided by an outsider looking in. In this case the outsider, apart from being well advised and having researched the subject thoroughly, has had the advantage of being a covert insider since two of her own babies were nursed in special care units.

Mrs Alderson details the various existing styles of newborn care, pointing out that the admission rates to different units vary from 4% to 47% of all newborns. She documents some of the reasons for this and for the lack of intensive care cots in the country as a whole. Interhospital transport, unit design, equipment, and even arrangements for necropsies are dealt with. An attempt is made to see special care from the points of view of nurses, mothers, doctors, and even babies. The curious myth that visitors bring infection is carefully examined, and advice is offered on how to help parents.

I urge paediatricians to purchase three copies each: one should be gift wrapped and sent to the district administrator; one included with a box of chocolates and sent to the senior nursing officer (maternity); and the third opened at page 61 where the self assessment questionnaire should offer some embarrassing insights. All those in any way concerned with the welfare of babies in hospital or with the provision of services for them should make an effort to read this book.—HARVEY MARCOVITCH, paediatrician, Banbury.