

NEWS AND NOTES

Views

Sir Douglas Black has agreed to a request by the government for him to look into the allegations by Yorkshire Television that pollution from the Windscale atom plant is causing leukaemia in children in Cumbria (p 1464). Minerva is amazed by his tolerance; she would have pointed out that the government has shown little sign of acting on his advice on bone marrow transplants or on poverty.

Doctors attending the session on physician-patient relations at the recent World Medical Association assembly in Venice were startled to hear that two (unspecified) countries in Europe were introducing regulations that would withhold treatment—other than analgesics—from patients over 65 unless the doctor could guarantee the patient five years' survival. As one assembly delegate put it: such rationing of care was no better than state authorised euthanasia.

Research in Austria (*Journal of the National Cancer Institute* 1983;71:435-7) has confirmed that low tar cigarettes cause substantially less lung cancer than old fashioned "strong" cigarettes. Smokers who only used low tar cigarettes had a risk of lung cancer 70% lower than those committed to high tar brands. Nevertheless, the number of cigarettes smoked a day was more important than the tar content in determining risk.

In recent years gastroenterologists have stopped talking about hiatus hernia and now everyone uses the phrase gastro-oesophageal reflux. An editorial in "Chest" (1983;84:242-4) argues strongly that medical students should be taught that most patients with reflux have a hiatus hernia—and that in most cases correction or repair of the hernia will cure the reflux.

People who are deaf are left with many social problems even when provided with a deaf aid (*International Rehabilitation Medicine* 1983;5:67-72). Entryphones in blocks of flats, alarm clocks, and lecturers who face away from the audience all cause problems for individuals who rely on lip reading to augment their hearing. Problems with watching TV may be solved by earphone sockets or by captioning.

"Bland superficiality, without even friction to enliven the day": this was how a Kent working party described the atmosphere of a hospital unit for the disabled that it wanted to see closed. The move away from "overprotective and stultifying modes of care" was a constant theme of the seminar "Young Disabled Units: the future?" at the Royal Hospital and Home for Incurables, Putney. In an interesting joint venture at Hunters

Moor Hospital, the Newcastle health department leased hospital land on which the housing department with help from social services built a few bungalows, and here very severely disabled people can live independently yet connected by intercom with the hospital.

Artificial insemination from donors is big business in the United States, with over 10 000 women being treated each year. Anecdotal reports are circulating of transmission of infections such as gonorrhoea, hepatitis, and trichomonas, and calls are now being made (*New England Journal of Medicine* 1983;309:1058) for screening protocols to be agreed for testing donor semen.

Most guests on television talk shows in the United States are promoting or selling something, says an article in the "Journal of the American Medical Association" (1983;250:2137), and this includes a lot of health charlatans. The same trend is becoming apparent in Britain. Should not the producers of these programmes be made to accept some responsibility for checking the scientific reliability of their guests?

Despite the actuarial risk being low, many people fear being trapped in a burning hotel, so there seems likely to be popular demand for a new German device (*International Civil Defence* 1983;340:10). This is a fire escape mask, packaged in a sealed container mounted on the wall. It protects the entire head and will filter out smoke and toxic fumes for 15 minutes while the wearer seeks an escape route. The viewing surface will resist flarebacks of over 1000°C for several seconds.

That "so many platitudinous statements of intent get translated into so little action" is a sad summary of preventive medicine, with which Minerva heartily concurs. The quotation comes from a discussion paper, "A Minister for Prevention: An Initiative in Health Policy," published by the Health Economics Research Unit at the University of Aberdeen. Nearly £100m was spent on prevention in 1980-1 (£550m by the NHS, £395m by the non-NHS public sector, and £15.5m by private and voluntary organisations). The authors argue that assembled under one minister such resources would allow a more rational preventive strategy for Britain than the present piecemeal approach.

Repeated failures of treatment in a patient with an ununited fracture of the scaphoid should arouse suspicion of deliberate non-compliance by the patient (*Journal of Bone and Joint Surgery* 1983;65A:985-91). Psychotic or otherwise disturbed patients may deliberately break their casts or otherwise perpetuate their chronic invalidism.

MINERVA

MEDICAL NEWS

Report on smoking and health

The third report of the Independent Scientific Committee on Smoking and Health has recently been published. The report says that deaths from lung cancer are declining, partially because of reductions in the tar yield of cigarettes over the past 20 years. There is a recommendation that the average tar yields in cigarettes should continue to fall, and that the carbon monoxide levels should be reduced similarly. Nicotine, at the concentrations derived from smoking, has not been shown to be harmful, but the report suggests that nicotine yields should generally continue to fall. Copies of the report may be obtained from HMSO price £2.95.

Christmas lectures for young people

The Royal College of Surgeons of England has arranged four lectures for young people between the ages of 12 and 18, preceded by a tour of the Hunterian Museum and followed by refreshments. Details from Miss L E M Napper, at the surgical training office of the college, 35-43 Lincoln's Inn Fields, London WC2A 3PN, with a stamped self addressed envelope.

The Royal College of Physicians of London has arranged two lectures for young people between the ages of 12 and 18; on 21 December Professor I Isherwood will lecture on "Mysteries of the mummies," and on 3 January Professor V Dubowitz will lecture on "The muscle machine." These will be followed by tea. Details from the assistant registrar of the college, 11 St Andrew's Place, Regent's Park, London NW1 4LE, with a stamped self addressed envelope.

The Royal College of Obstetricians and Gynaecologists has arranged a lecture for

young people between the ages of 12 and 18 on Wednesday, 14 December, by Dr Robert Edwards on "The miracle of human conception." Details from the secretary of the college, 27 Sussex Place, Regent's Park, London NW1 4RG.

More money for bone marrow operations

The Minister for Health recently announced that the government is to give more money (an extra £650 000) to those hospitals in London that carry out bone marrow transplant operations. On the basis of advice from a National Health Service advisory committee, however, the minister said that bone marrow transplant programmes should continue to be built up in major hospitals throughout the country and not concentrated in a few national centres as has previously been recommended.

London hotel for disabled people

The Duke of Westminster recently opened 18 rooms at the London Tara Hotel that have been specially adapted for people in wheelchairs. Money to adapt the rooms was raised by the London Hotel for Disabled People, a registered charity set up three years ago to tackle the problem posed by a lack of reasonably priced accommodation in London for people with disabilities. The design of the rooms was carefully planned by the charity and its architect in conjunction with disabled people and occupational therapists. Further information about the facilities and how to book a room in the hotel may be obtained from the London Hotel for Disabled People, Juxton House, 94 St Paul's Churchyard, London EC4 8EH.

COMING EVENTS

British Medical Association—Seminar on the terms of service for hospital doctors, 23 November, Nottingham. Details from the Trent Regional Office, Westminster House, 1-7 George Street, Sheffield S1 2PF. (Tel 0742 21705/753264.)

3rd Joint Meeting of British Endocrine Societies—27-30 March 1984, Edinburgh. Details from BES secretariat, Centre for Industrial Consultancy and Liaison, University of Edinburgh, 16 George Square, Edinburgh EH8 9LD. Closing date for registration 13 March.

National Council for International Health—Meeting "International health and family planning: controversy and consensus," 11-13 June 1984, Washington DC. Details from the council, 2100 Pennsylvania Avenue, NW, Suite 740, Washington DC 20037, USA.

SOCIETIES AND LECTURES

*For attending lectures marked * a fee is charged or a ticket is required. Applications should be made first to the institutions concerned.*

Monday, 14 November

INSTITUTE OF DERMATOLOGY—4.45 pm, Professor N Wright: Regulation of epidermal cell growth.

INSTITUTE OF LARYNGOLOGY AND OTOLARYNGOLOGY—5.30 pm, Mrs M D Wells: Temporal bone pathology: techniques and clinical value.

INSTITUTE OF NEUROLOGY—1 pm, guest lecture by Professor Klaus V Toyka (Düsseldorf): Autoantibodies and autoreactive immunoregulatory T-lymphocytes in human myasthenia gravis.

ST GEORGE'S HOSPITAL MEDICAL SCHOOL—12.30 pm, obstetrics and gynaecology departmental postgraduate lecture by Dr Catherine Wilson: The work in the department laboratories.

Tuesday, 15 November

INSTITUTE OF DERMATOLOGY—4.45 pm, Dr R Dawber: Genetically determined disorders of hair.

UNIVERSITY COLLEGE LONDON—1.20 pm, Dr Mark McCarthy: Medical aspects of nuclear war.

Wednesday, 16 November

INSTITUTE OF NEUROLOGY, QUEEN SQUARE—Sandoz Foundation lectures, 6 pm, Dr M J G Harrison: Thromboembolism and the cerebral circulation. 7 pm, Dr C P Warlow: Can strokes be prevented? A survey of clinical trials.

INSTITUTE OF ORTHOPAEDICS—The rheumatoid hand, 6 pm, Mr D W Lamb: Early surgery. 7 pm, Mr B Héral: Late reconstructive surgery.

INSTITUTE OF PSYCHIATRY—5.30 pm, eighth Aubrey Lewis lecture by Professor C D Marsden FRSc: What does Parkinson's disease tell us about the mind?

ROYAL COLLEGE OF PATHOLOGISTS—5.30 pm, annual foundation lecture by Professor P J Lachmann: The complement system in health and disease.

ROYAL FREE HOSPITAL SCHOOL OF MEDICINE—5 pm, guest lecture by Dr A Mindel: Sex and the single male.

ROYAL MASONIC HOSPITAL—7 pm, Mr Peter F Philip: Injuries to the urinary tract. (Preceded by refreshments 6.30 pm.)

ROYAL POSTGRADUATE MEDICAL SCHOOL—Stamp Lecture Theatre, 10.15 am, medical staff round. At Wolfson III, 2 pm, general practitioners' demonstration by Mr R A Coombs: Recent advances in spinal surgery.

UNIVERSITY OF OXFORD—At John Radcliffe Hospital, 5 pm, Litchfield lecture by Dr Isaiah J Fidler (Maryland): The evolution of biological diversity in metastatic neoplasms.

Thursday, 17 November

CAMBRIDGE UNIVERSITY MEDICAL SOCIETY—At Downing College, 8.30 pm, Dr John Dawson: The medical effects of nuclear war.

ROYAL MARSDEN HOSPITAL, SURREY—5.30 pm, Professor A E Jones: Pituitary tumours.

UNIVERSITY COLLEGE LONDON—5.15 pm, Faculty of Laws lecture by Professor E Griew: Let's implement "Butler" on mental disorder and crime!

Friday, 18 November

INSTITUTE OF DERMATOLOGY—4.45 pm, Dr J Wilkinson: Studies of Darier's disease.

ROYAL COLLEGE OF RADIOLOGISTS—At 66 Portland Place, 4.30 pm, 48th Skinner lecture by Dr B C Morson: The evolution of colorectal cancer.

ROYAL COLLEGE OF SURGEONS OF ENGLAND—5 pm, Webb-Johnson lecture by Professor A I Darling: Change and decay. (Preceded by tea 4.30 pm.)

Saturday, 19 November

NUFFIELD DEPARTMENT OF ORTHOPAEDIC SURGERY, OXFORD—8.30 am, Mr N A Watson: Nerve repair. 9.30 am, Mr R J Newman: Nuclear magnetic resonance of myopathy.

BMA NOTICES

Central meetings

NOVEMBER	
16 Wed	Negotiating subcommittee (CCHMS), 10 am.
16 Wed	Permanent committee on manpower, 2 pm.
17 Thurs	General Medical Services Committee, 10 am.
17 Thurs	General purposes subcommittee (CCHMS), 10 am.
30 Wed	Central ethical committee, 10 am.

Division meetings

*Members proposing to attend meetings marked * are asked to notify in advance the honorary secretary concerned.*

Barking, Havering, and Brentwood—At the Dolphin, Romford, Friday, 18 November, 7.30 for 8.15 pm, annual dinner, speaker Miss Kathleen Frith.*

Bradford—At Bradford Royal Infirmary, Wednesday, 16 November, 8 pm, short business meeting and talk by Dr M K Mason: "The royal haemophilia."

Coventry—At Coventry and Warwickshire Hospital, Tuesday, 15 November, 7.15 for 7.45 pm, dinner, guest speaker Dr Douglas Acre.* (Guests welcome.)

East Kent—At Guildhall, Sandwich, Thursday, 17 November, 7 for 7.30 pm, medicolegal dinner, speaker Professor Keith Mant.*

East Surrey—At Walton Heath Golf Club, Friday, 18 November, 7.30 for 8 pm, dinner dance.*

Grimby—At Blundell Park Hotel, Wednesday, 16 November, 7.30 pm, joint meeting with the Grimby and District Branch of the Pharmaceutical Society, speaker Dr Furman: "The treatment of diabetes mellitus now and in the future."

Guildford—At Royal Surrey County Hospital, Thursday, 17 November, 7.30 pm, buffet supper meeting, speaker Dr A J Charig: "Dinosaurs in China and Surrey."* (Guests invited.)

Northallerton—At Manor Farm House, Friday, 18 November, 8 pm, cheese and wine party, proceeds to charity.* (Guests welcome.)

North East Essex—At Essex County Hospital, Thursday, 17 November, 8 pm, agm. (Supper may be provided.)*

North East Ulster Subdivision—At Bayview Hotel, Portballintrae, Saturday, 19 November, 7.30 for 8 pm, annual members evening, Mr Len Coates: "Opera: a living art."*

North Warwickshire—At The Stradlings, Attleborough, Tuesday, 15 November, 7.30 for 8 pm, Dr Jenny Burton: "The pain clinic."* (Refreshments provided.)

Rotherham—At Consort Banqueting Suite, Thurgate, 7.30 for 8 pm, dinner, guest speaker Mr Peter Wright, chief constable of the South Yorkshire Police.*

South Glamorgan—At Centenary Suite, Cardiff, Saturday, 19 November, annual dinner, guest speaker Mr Alan Williams.*

Swansea and West Glamorgan—At Castle Hotel, Neath, Friday, 18 November, 8 pm, dinner, speaker Dr F Dudley Hart: "Antirheumatic treatment—orthodox and unorthodox—through the ages."*

Trafford—At St Anne's Hospital, Bowdon, Wednesday, 16 November, 7.30 pm, business meeting followed by film and light refreshments.*

Wakefield and Pontefract—At Swallow Hotel, Wakefield, Tuesday, 15 November, 7.30 for 8 pm, lecture/dinner, speaker Mr Godfrey Talbot: "I was there at the time."*

Walsall—At Manor Hospital Walsall, Wednesday, 16 November, 2 pm, business meeting.

West Norfolk and Wisbech—At Queen Elizabeth Hospital, King's Lynn, Wednesday, 16 November, 7.30 pm, agm, followed by Mr Michael Lowe: "Negotiation: is there any point?"*

Wigtown—At Edinburgh Royal Infirmary, Wednesday, 26 October, scientific outing to Professor W P Forrest's unit.*

York—At Kings Manor, Tuesday, 15 November, 8 pm, Dr Patrick Nuttgens: "World architecture: a new perspective."* Followed by wine and cheese.

Regional meeting

South East Thames Regional Committee for Hospital Medical Services—At BMA House, Thursday, 17 November, 2.15 pm.

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One Man's Burden

If a publishing Rip Van Winkle had nodded off in 1960 and woken again in 1983 he'd surely goggle at the rate at which medical journals tumble through general practitioners' letter boxes. He'd also have to come to terms with the phrase "controlled circulation publications," which is publishers' jargon for newspapers, magazines, and journals sent free to doctors and earning their profits solely from advertising revenue.

Two things have contributed to the boom in "controlled circulation" and its huge commercial success: its elimination of an expensive item of publishing—soliciting, collecting, and processing subscriptions—and the large sums of money spent on advertising by the pharmaceutical companies. I'll confess I had not appreciated how large the business had become until last month when I was invited to review the influence of these journals for a meeting of the World Health Organisation.

The first to appear in Britain was the newspaper *Pulse*, launched by the pharmaceutical company Bayer Products, since transmogrified into Winthrop Laboratories. The story goes that the idea grew from a meeting of Bayer executives, who, starting from the proposition that doctors throw away most of their mail from pharmaceutical companies without bothering to look at it, set themselves the task of devising a mailing that would be opened and read by doctors even though they knew that it came from a pharmaceutical company.

Their solution was a newspaper that dealt with matters of interest to GPs and carried advertisements for Bayer products. From that start "controlled circulation" medical publications have become so successful that nearly every large publishing company now has a medical division which is usually one of its most profitable limbs. In Britain we now have only one general journal—the *Lancet*—which is available only on subscription, though non-members of the BMA have to subscribe to the *BMJ*.

In the year ending 31 August 1983 I estimate that there were 37 "controlled circulation" publications in the United Kingdom: five sent to hospital doctors, three sent to both hospital doctors and GPs, and 29 sent only to GPs. During the same year the amount of money spent on advertising in these journals (based on the journals' advertising rates but reduced to allow for discounts) was £28m: £4.5m in journals to hospital doctors, £23.5m in journals for GPs.

* * *

What effect have these publications had on medical practice? That was the question thrown at me and one I found difficult to answer. All I could offer were a few personal opinions. I suspect, for instance, that although the number of "outlets" now available has facilitated the publication of a wider and less conformist range of medical opinion than was dreamed of 20 years ago there is probably not enough medical editorial talent around to produce sufficient well written, well edited publications to match the number that publishers produce to soak up the advertising revenue.

That effect, while it concerns me as a writer, is probably of

little concern to doctors, who can throw away what they don't want to read. There is, however, another effect that I hear increasingly discussed by medical politicians. Because, as the expenditure figures show, GPs are the target the advertisers want to reach the politicians believe that this publishing boom has led to journalistic overemphasis of the importance of general practice politics—and politicians—at the expense of editorial coverage of equally important political happenings in hospital and preventive medicine.

I'm sure that the medical politicians are right, but they form only a small minority within the profession. The question most often asked by less political doctors is how much pressure do advertisers exert on editorial content? And that I can answer from direct experience because for 15 years I was editor of a journal that we created beneath the umbrella of this publishing bonanza.

* * *

From the beginning we decided that doctors receiving a free journal would regard any flattery we bestowed on our advertisers' products with grave suspicion. And because we were not aiming for a naive audience the upshot was that the only comment that most of our advertisers got on our editorial pages was criticism. They didn't seem to mind. Our deal with them was that we gave them an audience by producing something doctors wanted to read and if they wanted to advertise to that audience they could buy space in our publication.

I suppose that we were lucky because we were early on the market, and editors of some publications that appeared later told me they thought me foolish to pursue such a policy. I remember one of them telling me it would be "impolitic" for him to carry stories that might offend his advertisers.

Yet I don't think that we suffered because of our editorial policy. In 15 years only five advertisers withdrew advertising from us, three because we had published articles they thought were in "bad taste," the fourth because we criticised one of their drugs, and the fifth because we published the reason why the fourth had pulled out.

On each occasion I can remember coming under pressure from our publishers but it wasn't too difficult to resist and eventually all five advertisers started to buy space again. Of course life would have been easier if I had given in to the pressure, and because editors, like other people, are not averse to an easy life the danger of advertiser induced bias is a real one. The only safeguard against it is editorial quality; if advertisers start interfering with editorial content the effect should be noticeable to anyone with enough nous to acquire a medical degree, never mind survive in general practice.

I suspect that Mr Van Winkle might conclude that the best of today's journals are better edited and more readable than the journals of the 'fifties. But I also fear that before he was halfway through the monthly diet of unsolicited words offered to GPs he'd probably nod off again.

MICHAEL O'DONNELL