

NEWS AND NOTES

Views

The evidence linking a human T cell leukaemia virus, HTLV III, with the acquired immune deficiency syndrome seems very convincing (*Science* 1984;224:475-7;497-508). Antibodies to the virus are found in around 90% of patients with AIDS but in less than 1% of controls, and tests for these antibodies seem likely to provide a means of screening blood donors. Possibly, too, a test for antibodies will be a reliable means of reassuring patients with lymphadenopathy that they have not got the syndrome.

Robert Gallo, the leader of the team that identified the virus, believes that it originated in Africa. Apparently, a variant of the HTLV virus is found in Old World monkeys but not in New World monkeys. Gallo believes that AIDS may have only recently emerged from the jungle and is now being spread around the world. This pattern has been seen before—on a smaller scale—with conditions such as Marburg disease.

Is it not extraordinary that chest physicians still have to rely on clinical judgment in deciding which of their patients should use oxygen during journeys by air? A recent study (*Annals of Internal Medicine* 1984;100:473-7) showed that the arterial oxygen tension may fall by 30 to 40 mm Hg in patients with chronic obstructive lung disease flying in commercial aircraft—but no one seems to know when temporary hypoxaemia will prove clinically important.

Minerva was pleased to read in "Archives of Disease in Childhood" (1984;59:293) that paediatricians believe that, however splendid the Alps in winter or the Aegean in the spring, unless there are good lecture theatres and cheap accommodation such places are unsuitable for meetings. Doctors would do well to introduce more emphasis on practical facilities for their international junketing.

One third of all patients who die in the Beth Israel Hospital, Boston, undergo cardiopulmonary resuscitation. And, of those who recover from resuscitation (*New England Journal of Medicine* 1984;310:1089-93), one third say they had not wanted to be resuscitated and would not want to be in the future. Now that cardiopulmonary resuscitation has become so common should not patients be asked about their views before the event? The Boston study showed that doctors were frequently mistaken when they relied on impressions rather than direct questions.

Obstructive sleep apnoea is a fashionable diagnosis—but also one that may transform the life of the patients concerned. A report in "Chest" (1984;85:435-6) shows very elegantly that surgery may not be necessary; if the patient's weight can be reduced the frequency and severity of the symptoms may decline dramatically.

What may be the first account of the deliberate induction of a conditioned reflex in an animal has been unearthed from a 13th

century manuscript (*Journal of the American Medical Association* 1984;251:1083). A soldier borrowed a horse from his brother, a bishop, and taught it to rear every time it heard the opening phrase of a prayer, so making it unridable by the unfortunate priest.

What is Briquet's syndrome? The answer is a polite term for hysteria. Briquet described the classic pattern of symptoms in 1859, and a report in "Archives of General Psychiatry" (1984;41:334-6) shows that these correspond very closely with the constellation of symptoms described for somatization disorder in the American "Diagnostic and Statistical Manual of Mental Disorders."

Debate about the wider use of generic drugs seems to have died away in Britain, but in the United States (*Science* 1984;224:369) Congress seems to have done a deal with the major pharmaceutical manufacturers. More generic drugs will become available in exchange for an extension of the patent life of new drugs—by as much as five years in some cases.

Only a few people with schizophrenia work regularly when in remission. According to "Schizophrenia and Employment" (Occasional Paper No 5 from the Tavistock Institute, 120 Belsize Lane, London NW3, £6.50), many such individuals work for a time but then stop, apparently because they find their jobs too stressing. More than most of us, people with schizophrenia seem to need interesting jobs which allow them freedom to organise their work and time—not an easy prescription in current economic circumstances.

Should bullets always be removed if they are doing no apparent harm? A man who shot himself accidentally in the foot with a .22 calibre pistol remained symptom free for 12 years but was then found to have destruction of his first metacarpophalangeal joint—lead arthropathy. Apparently (*Journal of Bone and Joint Surgery* 1984;66A:292-4) no one can forecast with certainty whether a retained bullet will cause local hypertrophic arthritis or systemic poisoning, or become encapsulated and inert.

The Department of Health and Social Security has sent out for comment draft guidelines on health service arrangements for dealing with accidents at civil nuclear installations. An operational support centre will be set up near any station which has a major accident, staffed by the Central Electricity Generating Board. These centres will "provide a single, authoritative local source of information" for all the news media. Well yes; but this is no job for an amateur. Whoever answers the press inquiries must be very experienced and very competent. Who will this person be?

MINERVA

MEDICAL NEWS

Sixth international prize of the French Association of Haemophiliacs

The French Association of Haemophiliacs international prize of frs 15 000 is to be awarded for the sixth time in July 1985. The aim of the prize is to encourage medical research into the disease. The regulations, in French and English, will be forwarded on request by the secretariat of the selection committee (Association Française des Hémophiles—CNTS, 6 rue Alexandre Cabanel, 75015 Paris). The work submitted for the prize must reach the secretariat of the selection committee by 15 March 1985 at the latest.

Advisory committee on genetic manipulation

The Health and Safety Commission has approved the appointment of the members of the advisory committee on genetic manipulation under the chairmanship of Sir Robert Williams. The new committee replaces the former genetic manipulation advisory group.

Its primary responsibility will be to advise the Health and Safety Commission and the Health and Safety Executive in connection with their responsibilities under the Health and Safety at Work Act 1974; it will also be able to advise ministers on other matters connected with genetic manipulation.

The committee, which has been appointed for three years initially, comprises a chairman, five members representing employers, five representing employees, and eight scientific or medical specialists. The chairman is Sir Robert Williams, who was chairman of the former genetic manipulation advisory group from 1981 to 1984.

Royal Society of Medicine Nichols fellowship

Applications are invited for a Nichols fellowship grant of £500 a year in aid of research to advance knowledge in obstetrics and gynaecology; it will be tenable for two years. Details from the sections office of the society, 1 Wimpole Street, London W1M 8AE. Closing date for applications 31 July.

Division meetings

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

Blackburn—At Royal Infirmary, Tuesday 15 May, 7 30 pm, agm.

Coventry—At Warwickshire Postgraduate Centre, Tuesday 15 May, 7 15 for 7 30 pm, combined meeting with the Coventry branch of the British Dental Association, buffet followed by talk on the Jo Homan Boys Town in India by Mrs Freda Rees.* (Guests invited.)

Dundee—At Ninewells Hospital, Thursday 17 May, 6 pm, careers symposium.

Ipswich—At Suffolk Police Headquarters, Martlesham, Thursday 17 May, 7 30 pm, tour.*

Lancaster—At Crooklands Hotel, Friday 18 May, 7 30 for 8 pm, annual dinner, principal guests Dr John Noble and the president of the Lancaster section of the British Dental Association.*

Mid Surrey, Kingston, and Esher—At Kempton Manor, Wednesday 16 May, 8 for 8 30 pm, annual dinner, guests Mr and Mrs J M Hodges, and guest speaker Dr Mike Smith.* (Guests invited.)

North Warwickshire—At Stradlings Restaurant, Attelborough, Tuesday 15 May, 7 30 for 8 pm, Dr J D Williamson: "The BMA as a trade union."* (Buffet supper provided. Colleagues invited.)

Oxford—At John Radcliffe Hospital, Wednesday 16 May, 8 pm, agm, presidential address, and wine tasting.

Sheffield—At Medical School Lecture Theatre 1, Wednesday 16 May, 8 pm, Her Grace the Duchess of Devonshire: "Living in Chatsworth."*

Southend on Sea—At Civic Centre, Saturday 19 May, 7 30 for 8 pm, dinner.* (Guests invited.)

Walsall—At St Mary's School, Jesson Road, Wednesday 16 May, 7 30 for 8 pm, inaugural cheese and wine musical evening of doctors and dentists.* (Guests invited.)

Worcestershire—7 am from Bromsgrove, 7 15 am from Droitwich, 7 30 am from Worcester, Tuesday 15 May, visit to Palace of Westminster and BMA House.*

COMING EVENTS

Association for the Study of Medical Education—Meetings "Education of clinicians in health services management," 25 May, London, and "A new look at assessment," 27-28 September, Leicester. Details from the association, 2 Roseangle, Dundee DD1 4LR. (Tel 0382 26801.)

"Advances in medicine in old age"—Course, 3-7 September, Manchester. Details from Professor J C Brocklehurst, Department of Geriatric Medicine, University Hospital of South Manchester, Nell Lane, Manchester M10 8LR.

"Anorexia nervosa and related disorders"—International conference organised by the British Psychological Society Welsh Branch with the support of the Institute of Psychiatry and West Glamorgan Health Authority, 3-7 September, Swansea. Details from Dr P D G Harris, PO Box 406, Sketty, Swansea SA2 9BQ.

Balint Society—Residential weekend, 14-16 September, Oxford. Details from Dr Peter Graham, 149 Altmore Avenue, London E6 2BT. Section 63 applied for.

10th International Conference of Sarcoidosis and Other Granulomatous Disorders—17-22 September, Baltimore. Details from Dr Carol J Johns, Turner Auditorium, Room 17, Johns Hopkins University School of Medicine, 720 Rutland Avenue, Baltimore, Maryland 21205, USA.

University Hospital of Wales—Course on "Intensive care," 25-26 September, Cardiff. Details from Dr J M Davies, Department of Anaesthetics, Welsh National School of Medicine, Heath Park, Cardiff CF4 4XN.

2nd International Symposium on Fetal Liver Transplantation—29 September-2 October, Pesaro, Italy. Details from Dr Luciano Moretti, Divisione Ematologica, Ospedale di Pesaro USL-3, 61100 Pesaro, Italy.

Guy's Hospital Newcomen Clinic—Course in developmental assessment, 8-12 October, London. Details from the secretary of the department of postgraduate studies, Guy's Hospital Medical School, London SE1 9RT.

International Clinical Nutrition Training Programme—7 January-15 February 1985, Wageningen, with visits to other centres. Details from Professor B Isaksson, Department of Clinical Nutrition, Annedalskliniken, S-413 45 Göteborg, Sweden.

South East Thames Society of Anaesthetists and Southern Society of Anaesthetists—Combined meeting, 26 January 1985, London. Details from the secretary of the department of anaesthetics, St Thomas's Hospital, London SE1 7EH.

Fourth Annual Winter Congress in Medical Diagnostic Imaging and Third Annual Winter Seminar in Medical Diagnostic Imaging—1-9 February 1985, Austria, and 9-13 February 1985, London. Details from Winter Congress and Winter Seminar, West Park Hospital, Department of Radiology, 22131 Roscoe Blvd, Canoga Park, California 91304, 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 May

INSTITUTE OF DERMATOLOGY—4 45 pm, Professor A Breathnach: Aspects of the embryology of human skin. **INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY**—5 30 pm, Mr G P Walsh-Waring: Oral cancer and its management.

INSTITUTE OF NEUROLOGY—1 15 pm, Professor Dietmar Biesold (Leipzig): Mapping cholinergic pathways in the brain and its relevance to Alzheimer's disease.

Wednesday 16 May

INSTITUTE OF ACCIDENT SURGERY—At Birmingham Medical School Extension, 6 pm, Ruscoe Clarke memorial lecture by Mr Donal Brooks: Peripheral nerve repair: current trends and techniques.*

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL LIVER UNIT—5 pm, Professor G MacDonald: Liver problems following bone marrow transplantation.

ROYAL POSTGRADUATE MEDICAL SCHOOL—Stamp Lecture Theatre, 10 15 am, medical staff round.

WELLCOME INSTITUTE FOR THE HISTORY OF MEDICINE—5 30 pm, Dr R Porter: "The great wen": cleaning up London in the eighteenth century.

Thursday 17 May

BRITISH POSTGRADUATE MEDICAL FEDERATION—At St Thomas's Hospital, 6 pm, 12th Sandoz Foundation lecture in endocrinology by Professor H L Sheehan: Postpartum hypopituitarism.

ROYAL COLLEGE OF PATHOLOGISTS—At the Welsh National School of Medicine, 5 pm, 35th Kettle memorial lecture by Professor C C Bird: New concepts of neoplasia derived from recent studies of lymphoid malignancies.

UNIVERSITY COLLEGE LONDON—5 30 pm, Rickman Godlee lecture by Dr J D Watson (New York): Functioning of the human ras cancer genes.

Friday 18 May

ROYAL COLLEGE OF RADIOLOGISTS—At the Royal Society of Medicine, 4 30 pm, 28th Crookshank lecture by Professor J W Boag: The nuclear imperative.

BMA NOTICES

Central meetings

16 Wed	MAY
17 Thurs	Joint agenda committee, 10 am.
	General Medical Services Committee, 10 am.
18 Fri	Scottish council (7 Drumsheugh Gardens, Edinburgh EH3 7QP), 10 45 am.
23 Wed	Joint agenda committee, 10 am.

Regional meeting

North West Regional Council—At Preston Postgraduate Centre, Thursday 17 May, 8 pm, agm. (Spouses welcome.)

UNIVERSITIES AND COLLEGES

CAMBRIDGE

MD—D P Dearnaley, S J Warrington, M V Williams. **MChir**—J G Stephen.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the council of the college held on 13 April, P Ignatiadis was admitted to the fellowship.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

L Luzzatto and P D Wall have been elected members under Bye Law 117 with the recommendation that their names be considered for accelerated promotion to the fellowship under Bye Law 39(c).

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

Dr Keith P W J McAdam has been appointed to the Wellcome Chair of Clinical Tropical Medicine.

CONSULTANT APPOINTMENTS

CENTRAL BIRMINGHAM HEALTH AUTHORITY—Mr D W Proops (ENT surgeon); Dr Alison Fowle (ultrasound).

NORTHERN RHA—Mr J D Haslam (ophthalmology); Dr I Cameron (mental illness); Dr D M Large (general medicine); Dr D F Jones, Dr Stephanie K Greenwell, Dr Sherry S J Pratt (anaesthetics); Dr J N Fordham (rheumatology).

PUBLIC HEALTH LABORATORY SERVICE—Dr D G White (medical microbiologist and director joint PHLS/DHA microbiology laboratory, Bath); Dr M A Knowles (medical microbiologist and director joint PHLS/hospital microbiology laboratory, Carlisle).

SALFORD HEALTH AUTHORITY—Dr C C Spanswick (anaesthetist with a special interest in pain relief).

TRENT RHA—Dr Elizabeth S Howell (anaesthetist); Dr Swatantrata Chandiok (genitourinary medicine).

WESSEX RHA—Mr G A Cars (accident and emergency).

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One Man's Burden

As they mature politicians learn how to cope with personal criticism. For the rest of us, who are not as it were trained to it, the most difficult thing to accept is that our critics might be honestly motivated. Some patients who are judged to be overcritical of their doctors are labelled "difficult patients" and actors who have been savaged by critics say "they have to write that sort of thing, you know, just to sell newspapers."

And it's not only personal criticism. Some doctors find it difficult to accept criticism of institutions of which they are part—their royal college, the profession itself, even the dear old BMA—to which they feel a loyalty, or to whose purpose they have dedicated themselves. They know that they are honestly motivated; ergo the critics must be dishonest.

Well not so ergo actually because often it is our very dedication to an institution that blinds us to its failings. When we are working hard and honestly it's difficult to accept that our effort may be misdirected.

* * *

This train of thought arose because this week I've been trying to tidy the room in which I work and, in the course of my scavenging, I came across a letter I received 14 years ago from a member of the GMC. He was indulging in that curious surgical exercise of venting his spleen. I had just written an article criticising the GMC and he had no doubt about my motives. "Driven by a despicable form of envy, you are intent on destroying the political and social structure that has made Britain great." (Small wonder that, when I first received it, I thought it was a hoax.) For fear he hadn't endowed me with motivation enough, he continued: "We all know the real reason you express your pseudoindignation is to increase the circulation of the journal you edit. You have used a journalistic campaign to whip up antagonism to the GMC which doesn't really exist. You and the others who have joined you in this shameful exercise should be drummed out of a profession to which you bring only disgrace."

That bit about writing things only to "increase the circulation" is as familiar to journalists as "Of course, I'm only asking on behalf of a friend" is to doctors. Yet I still remember how depressing it was 14 years ago to discover just how many members of the medical establishment could not accept that the only motive most of us had for criticising the GMC was simple indignation, which occasionally turned to anger, over the way that body set about its business.

A polite echo of the GMC's attitude in the early '70s appeared last November in its annual report. Martin Draper, who was the council's registrar at the time, describes how the introduction of the annual retention fee proved a "focus of discontent" for doctors who could see little advantage to themselves in registration and thought that in any case they had paid for life. "This was fanned by the growth of new medical periodicals which were paid for only by advertisements and hungry for material to interest the doctors to whom the periodicals were distributed free and unsolicited." Maybe it was, but I'd like to think that those of us who felt that the GMC needed reform would have won our case

anyway using any media that were to hand. We were lucky that periodicals had appeared that the establishment could not silence with traditional backstairs manoeuvres, but how they were financed was irrelevant. And I'm amused to learn that Martin Draper, a man whom I much admire not least for his embodiment of the many admirable qualities of our Civil Service tradition, still thinks that the indignation had to be "fanned."

* * *

I can remember the exact moment when the "focus of discontent" found its focus of expression. In August 1969 John Rowan Wilson, the novelist, had lunch with some friends who had been his colleagues when he was a surgical registrar. Afterwards he came into my office at *World Medicine* and described how they were hopping mad over the BMA's acquiescence to the GMC's demand for an annual registration fee. Over the next few days I had to telephone over 40 doctors before I could find one who was in favour of the idea. The others were not just aggrieved but vituperatively angry. I published their comments and from then on the "campaign" consisted mainly of articles and letters that arrived unsolicited on my desk. The only fanning I had to do was to cool the language of some of my contributors.

In the end, I believe that the GMC lost the argument because it misread the motives of its critics. The lesson that endures is that we should all be wary of dismissing criticism because it comes from outside our own admirable institutions and thus allows us to label it as coming from an "antidoctor lobby" or from a "biased press." That doesn't necessarily mean that it has no substance.

The habit of dismissing criticism by labelling its source plays a big part in the aetiology of a disease endemic in our Civil Service and—mention it softly—many of our medical organisations: a love of secrecy for its own sake. I've sat on too many medical committees where the unstated assumption is that the ideal form of governance is a benevolent dictatorship.

The only treatment I can recommend is some energetic reading of Karl Popper. In *The Open Society and its Enemies* he provides convincing evidence that the attitude to public information that prevails in many of our institutions actually obstructs achievement and the advance of knowledge. I find that Popper's arguments in favour of an open system appeal as much to my head as Lord Randolph Churchill's exhortation "When in doubt, put your trust in the people" appeals to my heart.

Apart from anything else, an inward looking institution or profession is a great breeder of paranoia. And paranoid persons, as we know, are severely disadvantaged when it comes to coping with criticism. It is part of the conspiracy that surrounds them. The best counter to that affliction is an attitude propagated by John Rowan Wilson. He used to advise his friends that when they were faced by unfairness or injustice they should always suspect incompetence rather than malevolence.

MICHAEL O'DONNELL