

## Medicine and the Media

THE HIGH standard set in the first of the BBC2 series *The Courage to Fail: Pioneers of Modern Surgery* (reviewed 14 November, p 1268) was maintained in the rest of the series. The spectacular explosion of open heart surgery during the past 35 years, dealt with in the second programme, was a predominantly north American story, which may arouse criticism from British and European surgeons. Yet the Americans did most of the pioneer work with hypothermia and pump oxygenators. I first saw a ventricular septal defect closed on bypass in the United States in 1955 (just two years after the first successful use of a pump oxygenator there). Open heart surgery began later in Britain, and Denis Melrose was one of the few non-Americans featured in the programme. Our innate conservatism (and a bureaucratic NHS) combined to inhibit rapid development. Did we have less of "the courage to fail" or was it perhaps preferable for us to follow where others led? Sir Thomas Holmes Sellors certainly learnt hypothermic technique from Henry Swan and then closed nearly 500 septal defects in a series of probably unparalleled success at that time. I think he deserved inclusion.

The third programme, on surgery for breast cancer, was a British success story even though it has taken some 60 years for Sir Geoffrey Keynes's message on conservative surgery to be accepted. Having abandoned radical surgery in 1952, I was disturbed to hear an articulate British couple describe the difficulty they experienced in securing preservation of the breast even as late as 1977. A David Susskind television programme of 1973 showed astonishingly intemperate behaviour by a notoriously super-radical American surgeon when faced with a woman who had preserved her breast. This was preceded by an interview with Dr George Crile Jr, a pioneer of Keynesian principles in the United States, who coolly described the unsuccessful attempts of a Cleveland "ethical" committee to drive him out of town. Geoffrey Keynes suffered much criticism here but was never subjected to the vilification and abuse that was borne by the courageous Crile in "the land of the free." I was glad of the opportunity of describing in the programme Keynes's outstanding contribution, though I was sorry that they did not include my telling point that when Sampson Handley's wife developed breast cancer he took her to Keynes for simple surgery: she survived more than 40 years. In regard to the United States it is interesting to speculate how much funding by diagnosis related groups may have contributed to the eventual acceptance of Keynesian principles.

The fourth programme on organ transplantation opened with Saints Cosmos and Damian and our own Roy Calne. Peter Medawar and Tom Gibson's skin homograft study led to an explanation of immunogenesis by Medawar and Francis Moore. Joseph Murray's early renal transplantation at Peter Bent Brigham Hospital and Kolff's great work on the artificial kidney was followed by Dubost and Kuss, in Paris, describing their initial use of kidneys from recently decapitated prisoners—an "ethical" source of fresh organs no longer available to most of us. I was pleased to see the evocation of McIndoe's swapped skin grafts in establishing brotherhood of the Swiss twins inadvertently separated in hospital shortly after their birth. This neatly prepared the lay viewer for a description of

early immunosuppression by irradiation and nitrogen mustard. It also reminded surgeons like me of the agonies of those now largely forgotten days. I would like to have seen just a little more of the liver story (technically by far the most complex transplantation procedure) and a little less of heart transplantation, which was introduced as a lead into the final programme.

If some American surgeons had shown extraordinary naivety and insensitivity in the matter of breast preservation this was as nothing compared with the remarkable antics depicted in the fifth programme in relation to heart transplants. As Roy Calne succinctly said: "The heart people plunged in almost totally ignoring rejection." Malcolm Muggeridge in an audience discussion declared, "Our bodies are being treated like collections of spare parts." A doctor asked, "Would Mr Muggeridge accept a corneal graft?" Muggeridge replied, "I'd know the donor was dead," and there we were back to the beginning of the brain death controversy. But on this occasion, unlike the notorious *Panorama* affair, the BBC did not make a hash of it. An illustration of *Life* magazine's front page picture of de Bakey and Cooley in 1969—"Texas Tornado v Dr Wonderful"—at least showed that we were largely spared the ugly and absurd caperings that have taken place elsewhere. The shots in one American hospital of one surgeon continually bitching at his assistants was just as I remember him 25 years ago; but, like the producer, I could not have resisted including it in my programme.

The remarkable story of cyclosporin came in towards the end. It was a relief to return to the basic commonsense and science of Shumway and Calne after the earlier rather childish razzmatazz. Penultimately, in anticipation of a largely non-surgical future, the production touched on endoscopic procedures as well as the lithotripter and balloon stretching of stenosed heart valves. But, as Francis Moore wisely concluded, "People have been talking about the imminent demise of surgery for years"—even before he was a student in the 1930s—and all the time there is a constantly evolving repertoire.

Even for some medical viewers several of these programmes had too much packed into them. But it may have been better to feed the audience with an over-rich diet and leave them longing for more, rather than exclude any of the subjects included in this short series. This was done on a limited budget, and I hope that the BBC may be ready to fund a further series to expound the important advances in orthopaedic, plastic, otological, and other specialties. —SIR REGINALD MURLEY, Radlett, Hertfordshire.

### Correction

We regret that in Sir Reginald's first article on this series (14 November, p 1268) we referred to a "well deserved tribute to the service anaesthetists of the first world war" when it should have been the second world war. The error arose in the editorial office, and we apologise to Sir Reginald.