Correspondence

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Profession, Press, and Television

SIR,—May I express a personal view that it was surely a great pity that the Scientific Meeting session at Harrogate on communication between the profession, the Press, and the public missed the opportunity to make a useful contribution to the problem (11 July, p. 96).

The doctor and the scientist who opened the session, self-described casualties in what one said was a state of cold war now existing between doctors and the Press and television, set a pattern with an attack on journalists which had no place at such a meeting.

Of course there are "anything for a story" journalists. Of course there are doctors of whom the rest of the profession are no doubt ashamed. The two speakers from the medical profession, innocents in the field of mass communication problems, none-the-less offered advice plus personal assessments presented as fact which, if followed, will put hope of understanding back for years. There are far more responsible than irresponsible journalists. Most reporters understand and appreciate the doctor's problems far more than does he the journalist's difficulties. Communication here rests on human beings having room in their

minds for more than particular and sometimes narrow interests. Tolerance and the ability and readiness to adapt in a strange field in which what may seem unnecessary demands are made are needed. Suspicion, the slamming of doors, and an invitation to others to bolt them because there are difficulties and misunderstandings will hardly help.

With the leaps forward which medicine is making tremendous problems of ethics, choice, and conscience are presenting themselves. Doctors and scientists will find it impossible to "go it alone." They should want to communicate more, and quickly, and not merely among themselves. In doing so they should realize that, as with much medical treatment, nothing like perfection is attainable. One day the problem of rejection in transplantation will be solved. Ordinary men and women will have played their part. People have a right to know what goes on.

It should not be too much to ask the medical profession to play its part with courage enough to overcome frustration and understanding enough at least to help and not to hinder.—I am, etc.,

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Workload of Anaesthetists

SIR,—The article on the subject of "Godber" staffing structure and the anaesthetic service by Dr. T. H. Taylor and others (4 July, p. 39) interests me very much as a "definitive" anaesthetist. Would the authors very kindly let me know how an operating session is defined in order that they may determine the exact length of time occupied by that operating session.

Does the session begin when the anaesthetist arrives and starts preparing, when the patient arrives in the anaesthetic

room, when the surgeon arrives on the premises, when skin is prepared, or when the first incision is made?

Does the session end when the last stitch has been inserted, when dressings (if any) have been applied, when the patient leaves the operating theatre, when the patient leaves the recovery room (if any), or when the anaesthetist feels that his immediate responsibility towards that patient has ended?

The definition of an operating session's

length, and the habits of our professional colleagues with whom we work, could affect the figures for operating session length by a factor of at least 1.25 at a guess, if not considerably more on occasions.—I am, etc.,

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Infantile Gastroenteritis

SIR,—The author of your leading article on infantile gastroenteritis (4 July, p. 2) argues clearly if dogmatically the case against the indiscriminate use of antibiotics. Perhaps logic is abandoned when one is asked to show that an antibiotic "cannot possibly do the infant any harm," but the point is well made that rehydration is of more importance than chemotherapy.

It was surprising, however, to find no comment on one of Dr. A. G. Ironside and others' (4 July, p. 20) most interesting observations—namely, that only one baby in his large series was breast fed. The ability of the breast fed baby to resist gastroenteritis is well recognized, particularly in tropical countries. It now seems probable that simple hygiene is not the only factor involved, and the role of IgA antibodies in maternal milk is currently arousing much interest.

The B.M.J., Sir, is read in countries other than the United Kingdom. I would suggest that generalizations on the treatment of infantile gastroenteritis, while rightly stressing rehydration as of first importance, should also include a comment on the value of breast feeding, both as prophylaxis and therapy. The evidence may not be conclusive, but it is at least as strong as the evidence in favour of antibiotics. And it is certainly cheaper.—I am, etc.,

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