that the test had not been correctly performed. In the case of the false negative result the subject would also have to show that loss or damage had been sustained as a result of the delayed diagnosis. A health authority might also be judged negligent if substandard laboratory reagents or techniques resulted in an incorrect result or if staff failed to respond appropriately to a positive result.

Screening has an intuitive appeal. Nevertheless, health authorities may be reluctant to continue or embark on screening programmes that have not been adequately researched or that expose them to a risk of litigation. They must consider what might go wrong with a screening programme, how a court might react in the event of a mishap, how informed consent can best be obtained, and how hazards can be minimised. At the same time they should remember that, though failure to provide and promote a particular health care measure is not necessarily actionable, it might

become so if a substantial body of medical opinion came to believe that such a measure was necessary.

P J EDWARDS
Solicitor

Capsticks Solicitors,
London SW15 2TT

D M B HALL
Consultant

Community Child Health Child Development Centre,
St George's Hospital,
London SW17 0QT

- 1 Department of Health. *Local research ethics committees*. London: 1991.
- 2 Cochrane A, Holland W. Validation of screening procedures. *Br Med Bull* 1969;27:3-8.
- 3 Wilson JMG, Jungner G. *Principles and practice of screening for disease*. WHO: Geneva, 1968 (Public Health Papers No 34).
- 4 Sackett DL, Holland WW. Controversy in the detection of disease. *Lancet* 1975;ii:357-9.
- 5 Dudley HAF. Informed consent - issues for the 1990s. *Br J Urol* 1991;68:561-4.
- 6 Marteau TM. Screening in practice: reducing the psychological costs. *BMJ* 1990;301:26-8.
- 7 Brazier M. *Medicine, patients and the law*. London: Penguin, 1987.
- 8 Chitty LS, Hunt GH, Moore J, Lobb MO. Effectiveness of routine ultrasonography in detecting fetal structural abnormalities in a low risk population. *BMJ* 1991;303:1165-9.
- 9 Hall DMB. *Health for all children*. 2nd ed. Oxford: Oxford University Press, 1992.

Americans retreat on SI units

Turn again, New England Journal of Medicine

After a decade of trying, American doctors are giving up on the new fangled Système International (SI) units. The *New England Journal of Medicine* has announced that it will no longer use them alone.¹ Instead it will use conventional units and give SI units in parentheses "as a courtesy to our many overseas subscribers who are used to them." This backward step is much regretted both within the United States and outside and is akin to the World Health Organisation deciding that trying to eradicate polio is just too tiring.

The case for the superiority of SI over conventional units has been made many times, and the *New England Journal of Medicine* makes it again in the first paragraph of its back-tracking editorial: they are scientifically more informative and they simplify international communication. The health systems of most countries and most medical journals began using them in the 1970s, and even most English speaking countries gave up their grains, rods, perches, furlongs, and scruples in the '80s. Indeed, the International Committee of Medical Journal Editors, which includes the editor of the *New England Journal of Medicine*, agreed that measurements should be reported in SI units, and most American journals began to do so in the '80s.

The *New England Journal of Medicine* is retreating because most of its American readers don't use and don't understand SI units. This move to give readers what they want rather than what editors think will be good for them is in many ways admirable. Medical journals have for too long had a tradition of ignoring their readers' needs, but medical journals also have a job to lead—and the *New England Journal of Medicine* has often done so. When a journal of its influence retreats on something as important as SI units then whatever movement there is to SI units in the United States will be slowed or even stopped. The journal should be shaping the future, not retreating into the past.

In some ways this retreat is symptomatic of the broader ills of the United States. For a time Americans could choose to ignore the rest of the world. Their economy was so powerful that they had no need to worry about foreign markets. Now it

is threatened by Japan and the European Community, and American business schools are internationalising their curricula as fast as they can and schoolteachers are encouraging their pupils to look beyond the United States. The *New England Journal of Medicine* should be doing the same, not encouraging the mentality of "Fortress America." Perhaps some American doctors hope that if change is necessary to ensure international standards it will be the rest of the world that will have to change. Given today's world, this is an unrealistic dream.

Another American ill that this episode illustrates is the difficulty of making change right across the board. The intentional division of power among the executive, legislature, and judiciary, which is repeated in every state, stymies attempts to tackle broad issues like reform of the health care system and improving the environment. Whereas Britain and the Nordic countries could introduce SI units everywhere after broad consensus was reached, such a move is simply not possible in the United States. The slow, halfhearted way of gradually implementing the change has been the greatest hindrance to the Americans' adoption of SI units. But jumping over a fence cannot be done in several small leaps.

Finally, there is the need for leadership, which Americans should understand, given that they lead the world in "leadership studies" and their bookshops usually devote a whole section to the topic. The rest of the world looks to the *New England Journal of Medicine* to provide leadership for medicine, and being let down is painful. It's fine for Miss Adelaide to sing of "a bushel and a peck" in *Guys and Dolls*, one of America's greatest musicals, but the phrase doesn't belong in the country's greatest medical journal.

MAGNE NYLENNÄ

Editor,
Journal of the Norwegian Medical Association

RICHARD SMITH

Editor, *BMJ*

1 Campion EW. A retreat from SI units. *N Engl J Med* 1992;327:49.