now is to build on these advances and to work towards developing genetic approaches to the treatment of von Hippel-Lindau disease and related sporadic cancers.

EAMONN R MAHER

University lecturer in medical genetics

Cambridge University Department of Pathology,
Cambridge CB2 1QP

- 1 Maher ER, Yates JRW, Harries R, Benjamin C, Harris R, Ferguson-Smith MA. Clinical features and natural history of von Hippel-Lindau disease. *Quart J Med* 1990;77:1151-63.
- 2 Maher ER, Iselius L, Yates JRW, Littler M, Benjamin C, Harris R, *et al*. Von Hippel-Lindau disease: a genetic study. *J Med Genet* 1991;28:443-7.
- 3 Moore AT, Maher ER, Rosen P, Gregor Z, Bird AC. Ophthalmological screening for von Hippel-Lindau disease. *Eye* 1991;5:723-8.
- 4 Seizinger BR, Rouleau GA, Ozelius LJ, Lane AH, Farmer GE, Lamiell JM, *et al*. Von Hippel-Lindau disease maps to the region of chromosome 3 associated with renal cell carcinoma. *Nature* 1988;332:268-9.
- 5 Latif F, Tory K, Gnarr J, Yao M, Duh FM, Orcutt ML, *et al*. Isolation of the von Hippel-Lindau disease tumour suppressor gene. *Science* 1993;260:1317-20.

Realities—and (some) visions

Not all gloom at Godber symposium

This has been a year for weighing British institutions in the balance—and finding most of them wanting: the monarchy, education, the law, and especially the police. Surprisingly, medicine has come out comparatively well, a theme to emerge at a recent symposium anticipating Sir George Godber's 85th birthday (4 August). Not only did the day review which of his ideas have been translated into practice; it also enabled the participants to comment on some of the recent changes in the health service.

Most of the ideas on Godber's agenda 45 years ago are in place. Hospital consultants are more evenly distributed in well staffed district general hospitals. Most family doctors work in purpose built premises with a full team of colleagues. Family planning and abortion services are widely available, while postgraduate education and audit schemes are commonplace. To be sure, his proposal that Britain should follow the United States in creating an academy of medicine never got off the ground, yet few today would want to create yet another body of greybeards with no defined function. And another of Godber's concerns, for vigorous health education, has been short changed with the lacklustre *Health of the Nation* document and the failure of successive governments to ban cigarette advertisements, and thereby stigmatise a major killer.

That said, however, the achievements have been remarkable, and nor did those at the symposium regard all of the so called reforms with dismay. Fund holding, for example, had broken the status quo in general practice. Backed by the results of rigorous meta-analysis, as from the Cochrane collaboration, purchasers could now ignore a specialist providing a substandard service—an orthopaedic surgeon, say, who consistently failed to use prophylactic anticoagulants in hip replacement. Some authorities were now targeting their health services more sensitively through collaboration between health workers and the local community. The recent development of keyhole surgery augured well for patients, with operations as day procedures producing the minimum of upset; hospitals of the future would, however, need fresh concepts of design and administration, with any savings spent on continual replacement of the technology by the latest and the best. And, however painful the process, clearly many thought that the current changes in the London teaching hospitals were both right and inevitable.

Nevertheless, cogent complaints about the recent changes greatly outweighed the plaudits. Some threats were in the future—the virtual certainty, for example, that British patients would flock to the law courts—but most were current. In particular, general practitioners felt confused and undervalued, while recruitment to trainee schemes had

recently halved. The guardian role underlying British general practice was under threat, and, though 10 minutes' consultation time gave demonstrably better results than five minutes, with a money making philosophy the entrepreneurial family doctor was bound to opt for the shorter period.

The most stinging of all the attacks, however, was concerned with the dangerous increase in secrecy accompanying the managerial changes: though the health service is now much more accountable internally, it is far less accountable externally. The important meetings of the policy board, health authorities, and trusts all take place in private—and their members are paid. (Moreover, outright opposition was said to be likely to lead to failure to be reappointed to such bodies.) Does the public realise what is going on—that trusts, which were supposed to re-root hospitals and units in their local community, largely meet to discuss a secret agenda with no press, public, or community health councils present? And, given this recent turn of the screw against public accountability, how can Britain ever hope to acquire a much needed Freedom of Information Act?

George Godber must have encountered many such problems in his long career—and the comments were made against a backdrop of the persisting deficiencies in British society—a decayed infrastructure, squalid prisons, beggars in the filthy streets and public places, and many of the population too ill educated to respond to change. In the week of the symposium the government published figures showing that the poor had got poorer: from 1979 to 1990-1 real average income had risen by 35%, whereas for the bottom tenth of the population it had fallen by 14%. "One in four poor West Europeans is now British," the *Economist* was led to comment.

Yet for Godber such facts have always been a spur rather than a deterrent to action, and the symposium (organised by the King's Fund) was no embarrassing encomium but designed to emphasise the positive as well as the negative. Britain has always been singularly fortunate in its medical reformers, who have combined persistence with clear vision—and, interestingly, have often had a background of public health. George Godber is in that tradition, and among the first to echo Dostoevsky's supposition that "in every human being there is a spark of the divine." Future generations are bound to pose the impossible question: would his reforms have got so far in Mrs Thatcher's governments? My own answer is possibly not quite, but he would still have had the major impact on our society that justified holding the symposium.

STEPHEN LOCK
Research associate

Wellcome Institute for Medical History,
London NW1 2BE