



*Wellcome exhibition explores magic, religion, beauty, and eroticism*

These two exhibits are from the collection of Henry Wellcome, the pharmaceutical entrepreneur and philanthropist who co-founded the company Burroughs-Wellcome & Co.

Wellcome was a compulsive collector and world traveller, and at the beginning of the 20th century, when his collecting mania was at its height, his collection was five times the size of the Louvre's and his spending on acquisitions higher than that of the British Museum.

After his death in 1936 his collection of more than a million medical artefacts was dispersed to more than 100 organisations around the world, but more than 700 of the pieces have now been brought together in an exhibition called *Medicine Man: The Forgotten Museum of Henry Wellcome*. It opens at the British Museum next Thursday (26 June) and runs until 16 November.

The Victorian anti-masturbation device (shown on the right) is a metal guard shaped to cover the penis and testicles, with a hole to allow for urination. It was attached to the waist-band and fixed through the legs.

Apart from his other claims to fame, Wellcome patented the word "tabloid"—taken from the words tablet and ovoid (egg shaped)—to describe compressed medicines. The term later became associated with smaller sized newspapers.

The picture on the left shows Henry Wellcome himself, at the age of 32, in a cowrie shell headdress.

Annabel Ferriman *BMJ*

## Readers want transparency in link between doctors and drug firms

Lynn Eaton *London*

Ninety six per cent of those voting in a poll conducted by the *BMJ* on its website ([bmj.com](http://bmj.com)) would like to see all financial relationships between doctors and drug companies conducted with transparent contracts that are disclosed to patients.

A total of 1479 people responded to the questions. The poll was conducted after the *BMJ* published its theme issue "Time to Untangle Doctors from Drug Companies" (31 May) (see also [www.bmj.com/collections/specials.shtml](http://www.bmj.com/collections/specials.shtml)). □

### Responses (percentage of respondents) to the eight questions in *BMJ* poll

	Yes	No	Don't know
Would you like doctors to stop seeing drug company representatives, replacing them with more independent sources of health information?	79	15	4
Would you like doctors to stop receiving all forms of direct and indirect gifts from drug companies?	84	13	2
Would you like industry-funded education of doctors replaced by education funded by more independent sources?	84	9	4
Would you like doctors' professional associations and their peer-reviewed journals to reduce their reliance on industry funding to specified maximum levels?	85	7	5
Would you like all financial relationships between doctors and drug companies conducted with transparent contracts that are disclosed to patients and the public?	96	1	1
Would you like mechanisms that genuinely create more distance and independence between doctor/researchers and their research sponsors?	83	9	5
Would you like government/public agency advisory panels, which are responsible for independent assessment of medical products or health policies, to reduce their reliance on doctors with financial ties to drug companies?	87	6	4
Would you like to see these sorts of changes become the basis of a charter for a new relationship between doctors and drug companies?	90	5	3

## Doctors struggle to define the essence of being a doctor

Zosia Kmietowicz *London*

Senior doctors hit a blank last week when they were asked to define their profession and left a sense of dissatisfaction among colleagues at a meeting entitled "Do we still need doctors?"

Professor Graeme Catto, president of the General Medical Council, said that because of the erosion of boundaries between different healthcare professionals, it was "important that we define more clearly than at present what we expect of doctors."

However, both Professor Catto and Professor Carol Black, president of the Royal College of Physicians, struggled to capture the essence of what a doctor is in their presentations.

Professor Black suggested that it was their skills in diagnosis and decision making that set doctors apart from other health professionals. But delegates at the conference said that, with the expansion of nurse prescribing and the delegation of

other formerly "doctor only" tasks, this definition no longer seemed appropriate.

Professor Bonnie Sibbald, professor of health services research at the University of Manchester, said that research showed that practice nurses could deal satisfactorily with 80% of patients in general practice, and patients were happy to see a nurse instead of a doctor.

But nurses were not cheaper than doctors because, although they came at half the price of doctors, they were only half as productive as they spent longer with each patient. And even though non-physician clinicians were as expensive as doc-

tors the shortage of doctors was driving this new profession forward.

Professor Sibbald suggested a new identity for GPs of the future—as "community based medical consultants specialising in the management of patients with complex co-morbidities."

Professor Joe Collier, editor of the *Drug and Therapeutics Bulletin* and chairman of the meeting, said: "Because of the encroachment of other health professionals in the provision of health care, doctors need to ask themselves serious questions about what they do and what their special qualities are." □