genic status of "ocular myopathy" must therefore remain in doubt until fuller neuropathological studies are available.

There is, however, one clinically related syndrome in which the myopathic characteristics appear to be well established, and this has been named oculopharyngeal dystrophy. In addition to interference with ocular movements and swallowing, there may be more widespread weakness of varying degree.

Both oculopharyngeal and oculopharyngeal dystrophy are inherited as autosomal dominant conditions, and are probably genetically distinct from one another. The latter condition may, however, be misdiagnosed in the early stages when only ocular muscles are affected. It is therefore important to examine older relatives if possible. Sporadic examples of both conditions may exist as mutants, but it is also possible that there may be clinically indistinguishable maladies which are recessively inherited. Neither condition should be confused with dystrophy myotonica, which may include prosis as part of the myopathic facies.

New Horizons in Medical Ethics

Few who read the searing indictments made in the 1960s of the ethics of some medical research, on both sides of the Atlantic, would have predicted that things would change for the better so radically and rapidly. This happy outcome has been due, as it should have been, entirely to the actions of the profession itself. The books documenting the abuses, the Helsinki and M.R.C. codes, and the establishment of hospital ethical committees were all the work of medical men, and most medical editors have for some time practiced an educative function in rejecting articles unacceptable on ethical grounds. Indeed, in Britain at least, flagrant unethical experimentation now exists almost only in the imagination of newspaper reporters.

In the series of discussions on medical ethics in the B.M.J., one principle has been reiterated: that the responsibility for a patient's welfare remains with the individual doctor. This cannot be repeated too often, for the medical consultation must always be something to which people in need can turn with confidence. Many of the traditional medical ethics remain relevant today because they guide the practising doctor in his relations with his patient. Confidentiality, for example, is particularly relevant to the doctor-patient relationship. That many people other than doctors are worried about modern developments that threaten professional confidentiality is a good sign. Among the objects of suspicion are the use of computers and the ever-increasing number of ancillary staff who have access to confidential information but have not been brought up in the tradition of medical ethics. One solution, mentioned in this week's discussion (p. 700), is that doctors should train their own teams in their ethical duties.

As the B.M.J.'s discussion on new horizons in medical ethics has shown, the debate has moved on to the wider realms of what might be called the collective ethics of medicine—realms where the interests of medicine, the patient, and society mingle and at times seem to conflict. Doctors in groups have to decide what their attitude should be to problems affecting their responsibilities towards society. Dynamic societies will inevitably create new problems, and doctors must for ever be re-defining their attitudes. Fortunately, doctors do not lack platforms or tables round which they may discuss these matters. Hospital ethical committees, group practices, university departments, and hospital Cogwheel divisions are all in touch with practical medicine; and such bodies as the admirable London Medical Group, its related provincial organizations, and the correspondence columns of medical journals are valuable forums from which a consensus of opinion can emerge.

The particularly difficult current issue of research investigations in fetuses and children points to the need for the public to understand better the ethical problems of the medical researcher. The public looks to doctors to advance the science and practice of medicine and to improve the standards of care for the individual patient. Yet many doctors are understandably reluctant to undertake research investigations which expose them to the risk of uninformed criticism, or worse. It is in the interests of the public as much as in those of medical research that research workers should be protected from these risks. One possible solution to this problem is a change in the law. Another is a system of regional committees or a central advisory committee to formulate policy and to which doctors could turn for advice on difficult matters. Such institutions would not—and should not—interfere with a doctor's traditional individual responsibility for his patient, but their existence would reassure the public and be a valuable support to conscientious medical men anxious to preserve the good name of their profession.