

enough) and of the papers I saw only the *Western Mail* mentioned Dr Cameron's comment that a joint BMA/Department of Health body was going to look into the difficult question of whether we are training more doctors than we need.

Speeches are more likely to hit the headlines if they include a few pithy (or not so pithy) quotes: in different forms the favourite from this speech was that the NHS was "sick . . . inadequate and impersonal," and the runner-up was "robbing Peter to save Paul."

If the amount of coverage reflects a newspaper's concern about the health of the nation, then *The Times* and the *Western Mail* lead the field—HW.

TWO RADIO programmes last week illustrated the superiority of radio over television in presenting medical topics. Admittedly there were the usual tear-jerking stories of personal misery in *The Versatile Killer* (Radio 4, July 9), but the account of asbestosis was on the whole factual, not too emotional, and reasonably balanced. Of course there was no shortage of scapegoats: the industry (predictably with the mandatory disgruntled workers), the Government (not doing enough, too many conflicting committees), school vandalism, and British Rail. But medical explanations of the risks of asbestosis were clear, and one was left with the impression that things are being done to solve a complex problem. The programme suffered somewhat from trying to encompass too much, and it was nearly finished before the difference between white and blue asbestos, for example, was emphasised.

The other was a repeat of the masterly *Scientifically Speaking* programme about hepatitis by John Maddox (Radio 3, July 12), already noticed by *Minerva* (18 March, p 725) when it was first broadcast. The discovery of the Australia antigen was aptly presented as an exciting detective story, and difficult concepts like genetic polymorphism, the bizarre nature of the virus, and the awesome possibility that it might interfere with human genetic material put over with the clarity and enthusiasm of a born teacher. I can just imagine how it would have been sensationalised on television. One of the best ever programmes on a medical topic—TV please note—AP.

THE QUESTION of euthanasia is the next great moral controversy to be fought out in our times. This may be true but I doubt it. It is certainly being put forward on two stages in London just now—*Whose Life is it Anyway?* (Savoy) to full houses, and *Sentenced to Life* (Westminster) to pretty empty, at least the nights I can vouch for. In *Whose Life is it Anyway?* Tom Conti, quadriplegic from a road accident, talks a judge into allowing him to discharge himself to certain death, against the advice of his doctors (Richard Leech and Jane Asher). In *Sentenced to Life* the equally paralysed wife (Ruth Goring) with acute infective polyneuritis persuades her English don husband (John Byron) to give her poison, after failing to persuade either her doctor or her TV producer to do so.

Both plays make interesting theatre but *Whose Life* is the more convincing—until one thinks about the somebody who will have to take Tom Conti home. In *Sentenced to Life* the second half concerns the husband after his trial ("now they suspend the sentence instead of the criminal"), his ambivalent relationship with his wife's former German pupil and helper (Susan Colveld), his typical doctor (Robin Wentworth)—"let me give you a prescription" and the noble Lady (Mary Wimbush), who is so pleased with him for providing such splendid publicity for her euthanasia Bill in the Lords. John Byron's unstable attitude is probably true to life but does not help us decide whether we support euthanasia in theory or would perform it in practice.

At least we came out of the theatre certain that the message of *Whose Life is it Anyway?* was that a person should be allowed

to choose to die. The message in *Sentenced to Life* is not clear, and is further confused because we know from the programme that the theatre was acquired by the Westminster Trust as a living memorial to the men and women of Moral Re-Armament who died fighting Hitler, and that the production is by Aldersgate Productions, which emerged in response to a call by the Methodist Conference and exists to overcome the difficulty Christian playwrights have in getting their plays performed.

In these circumstances ignoramuses such as myself (and, I suspect, most of the potential audience) usually expect to be sold something we probably are not prepared to buy, but we actually emerged having been told a story with no message, no conversion, and no idea what the playwrights (Malcolm Muggeridge and Alan Thornhill), Moral Re-Armament, or the Methodists think or feel about euthanasia. A proper dialectic argument needs a thesis from which antithesis and synthesis can develop. Their play is on a par with their programme note: what we think and do about birth and death determine what we think and do about life. Neither is a usable thesis—WFW.

BRIAN INGLIS'S latest, *The Book of the Back* (Ebury Press, £4.50) will embarrass orthopaedic surgeons but will no doubt be approved by laymen and many doctors. Being persuaded that disc degeneration is the crucial factor in most cases of back pain I followed ruefully his condemnation of orthodox opinion in favour of the truer perceptions of the osteopath. Yet despite its benefits manipulation is and will remain an empirical method. I've had little luck with it, perhaps for lack of training or over-gentleness. The problem of back pain illustrates especially well the need for the clinician to take a panoramic view of his patients, and fashions in advanced postgraduate training militate against this. But surely Inglis is remiss in blithely recommending "changing your doctor," though right in insisting on a large measure of devolution of responsibility to the patient. To a large extent it is personal factors that determine the effect of the spinal lesion. Acute sprains are often preventable. Treatment and care (as with exercises and corsetry) must often steer between the devil and the deep blue sea. Adaptation is the keynote of our response, because essentially disc degeneration is irrecoverable and surgery has but a tiny place in treatment. A salutary and scholarly book—KN.

THIS THURSDAY (13 July) the weekly ATV programme *Doctor* presented *Headache*. In the studio were Joe Jordan; psychiatrist Tim Betts; and general practitioner George Thorpe, who took a "volunteer" housewife patient through a consultation which any person should expect from their own family doctor. A careful medical and social history with particular reference to the presence of small children in the house, noise, overloaded work schedules, and the taking of the pill led on to a detailed examination of the eyes and the blood pressure. After all this he reassured her and explained the causes of her tension headache and recommended relaxation.

So habituated are we to television craniotomies and ECT that many viewers may have found this programme excessively bland. Nevertheless, it did contain the quiet reassurance that most headaches are harmless but warned that sudden, severe, or persistent headaches need the immediate attention of a doctor—LS.

(The list of contributors will be published at the end of every three months.)

Correction

We regret that in our issue of 8 July (p 120) we gave the wrong television company as the maker of the *Doctor* series. It should have been ATV.