

377

STA/STA

BRITISH MEDICAL JOURNAL

SATURDAY 29 MARCH 1975

LEADING ARTICLES

- | | | | |
|---|---|----------------------------------|--------------|
| Progress in Dissolving Gallstones page 699 | Pathogenesis of Hypertensive Retinopathy | | |
| page 700 | Diagnostic Ascitic Tap in Cirrhosis page 701 | Congenital Defects of the | |
| Anterior Abdominal Wall page 701 | Dangerous Aerosols page 702 | Eyes, Joints, and | |
| Intestines page 703 | Plastic Patients page 703 | An Easy Death page 704 | Leeds |
| Meeting page 704 | | | |

PAPERS AND ORIGINALS

- Cellular and Humoral Immunity to Hepatitis-B Surface Antigen in Active Chronic Hepatitis**
W. M. LEE, W. D. REED, C. G. MITCHELL, R. M. GALBRAITH, A. L. W. F. EDDLESTON, A. J. ZUCKERMAN, ROGER WILLIAMS. 705
- Double-blind Comparison of Tolamolol, Propranolol, Practolol, and Placebo in the Treatment of Angina Pectoris**
GRAHAM JACKSON, LYNNE ATKINSON, SAMUEL ORAM. 708
- Relationship of Posture and Age to Urinary Protein Excretion**
SAKHARAM D. MAHURKAR, GEORGE DUNEA, VEERASAMY K. G. PILLAY, HARRY LEVINE, VASANT GANDHI. 712
- Serum α -Fetoprotein Levels in Patients with Cystic Fibrosis and their Parents and Siblings**
R. K. CHANDRA, K. MADHAVANKUTTY, R. C. WAY. 714
- Highly Selective Vagotomy for Duodenal Ulcer: Do Hypersecretors Need Antrectomy?**
D. JOHNSTON, I. R. PICKFORD, B. E. WALKER, J. C. GOLIGHER. 716
- Depression of Sublingual Temperature by Cold Saliva** R. E. G. SLOAN, W. R. KEATINGE. 718
- Lymphoma Presenting as "Idiopathic" Juvenile Osteoporosis** J. A. CHILD, I. E. SMITH. 720
- Intracardiac Short Circuit** I. J. COPPERMAN, S. LOW, S. YUNG. 722

U.S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY

RECEIVED

MAR 31 1975

MEDICAL PRACTICE

- Psychological Medicine: Organic Illness** R. A. WOOD. 723
- Any Questions?** 726
- Complications of Laparoscopy** E. E. RAWLINGS, B. BALGOBIN. 727
- Surgery of Violence: VII. Gunshot Wounds of the Trunk** H. M. STEVENSON, W. WILSON. 728
- Personal View** JULIAN BOULNOIS. 731

PROCUREMENT SECTION
CURRENT SERIAL RECORDS

CORRESPONDENCE—List of Contents. 732

OBITUARY NOTICES 742

BOOK REVIEWS. 744

NEWS AND NOTES

- Epidemiology**—An Outbreak of Dermatophytosis. 745
- Medical News** 745

SUPPLEMENT

- Point of View on Academic Salary Structure**
C. E. DENT. 747
- B.M.A. Discusses E.E.C. Medical Directives**. 748
- G.M.C.: Disciplinary Committee**. 749
- Mrs. Castle Agrees to Meet the Consultants**. 749
- B.M.A. Notices** 750

CORRESPONDENCE

Medicine on Television R. W. Reid, PH.D.; G. Massey and R. Bates . . . 732	Liver Flukes: a Warning A. H. Davies, M.B. . . . 735	Involuntary Facial Movements C. H. Walsh, M.D. . . . 737
Endoscopy in Dyspepsia G. B. Porro, M.D., and others . . . 733	Schistosome Antigen in Transplanted Kidney D. B. Gould, M.D. . . . 735	Administrative Gobbledegook? M. J. Prendeville, M.B. . . . 737
Aspirin, Bile Salts, and Dioctyl Sodium Sulphosuccinate E. W. Godding, F.P.S. . . . 733	Abuse of Fenfluramine H. P. Rosenvinge, M.B. . . . 735	Consultant Contract T. Rowntree, F.R.C.S.; W. K. Slack, D.A. S. R. Brennan, M.R.C.P.; T. J. H. Clark, F.R.C.P. . . . 737
Treatment of Asthmatic Children with Steroids R. R. Gordon, F.R.C.P.; B. D. Lask, M.R.C.PSYCH. . . . 733	Serum Muramidase Activity in Untreated Cancer W. W. Jedrzejczak, D.M.Sc., and M. Siekierzyński, D.M.Sc. . . . 735	Junior Hospital Staff Salaries R. O'N. Witherow, F.R.C.S., and others . . . 738
"Impossible" Serum Gentamicin Levels Pamela M. Waterworth, F.I.M.L.T. and Eunice Lockey, M.D. . . . 734	Hepatitis and Selective IgA Deficiency? G. N. Vyas, PH.D., and others . . . 736	Damaging Dispute T. B. Boulton, F.F.A.R.C.S.; J. S. M. Zorab, F.F.A.R.C.S.; N. H. Harris, F.R.C.S.; A. M. Robertson, M.B.; M.P. Coplans, F.F.A.R.C.S.; J. J. Kanski, F.R.C.S. . . . 739
Hypotensive Treatment for Acute Myocardial Infarction J. S. Geddes, M.D.; J. A. Dewar, F.F.A.R.C.S. . . 734	Ischaemic Heart Disease in Young Women I. McD. G. Stewart, F.R.C.P. . . . 736	Advertising Consultant Posts S. Silberman, F.R.C.S. . . . 740
Seasonal Variations in Urinary Excretion of Calcium I. Transbøl, M.D., and others . . . 734	Women Doctors in the N.H.S. A. Mary Duguid, M.B.; Susan M. Hammond, M.B. . . . 736	Pensions of Retired G.P.s H. G. Scott-Kerr, M.B. . . . 740
	Medical Management of Transient Ischaemic Attacks M. J. Kendall, M.D. . . . 737	Points from Letters . . . 740

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are now being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Medicine on Television

SIR,—Little pleasure is got from the contortion of biting the hand that pats you on the head. And if that hand holds a scalpel it is perhaps better to be cautious in the manoeuvre. Nevertheless, in spite of the favourable comparison your leading article (8 March, p. 539) makes between my film for the B.B.C. on spina bifida and some other documentaries, may I say that the conclusions you draw in that article seem to me to be more irresponsible than the films it sets out to criticize?

A television producer's power is manifest in that he manipulates a medium which under some circumstances can influence millions of people. But it is never, as you suggest, power without responsibility. A producer is vulnerable to legal action as a doctor is vulnerable to legal action; and he is vulnerable to disbarment by his employer as a doctor is vulnerable to disbarment by removal from the Register. If a television producer makes a film saying that medical advice being given to patients is wrong, and it is wrong, then the producer is doing no more than his duty. If he says it is wrong when it is right, then he is not doing his duty and can expect and deserves the kind of censure you are wont to apply, just as in appropriate cases he can expect legal and disciplinary action.

Irresponsibility is not excusable. But we ought to be clear what irresponsibility is and what it is not. I find it very surprising that in your article you apply to journalists the words "self-appointed" and "self-taught" in a denigratory fashion as though each is synonymous with irresponsibility. We are all of us—chemists, medics, lawyers, journalists, producers—self-taught to a large extent and self-appointed in that we freely chose our own careers. But these conditions do not make us any less capable of understanding

without erring, they do not exclude us from understanding other people's disciplines, and they do not make us necessarily prone to irresponsibility.

It is part of every journalist's responsibility to get the facts right. It is also part of his responsibility to present his material honestly without yielding to unreasonable pressures from those with a subjective interest in it. Unless he vigilantly upholds this responsibility the freedom of the press, on which both you and I depend to fulfil our functions properly, would be quickly eroded. I find it ironical that in an editorial you appear to imply that doctors should have editorial control over television journalists' programmes, that the producer's role should be restricted to "presenting new ideas," and that he should have no critical function.

You conclude that, because of the inherent dangers of being savaged by irresponsible television producers, doctors should be more cautious than ever about taking part in certain television programmes. This advice seems to me to be not only ill-founded but dangerous. Of course, a doctor who buys for himself time on the screen should apply principles of *caveat emptor*: and so should a patient who buys advice from a doctor. But it is now, better than at any other time, that doctors can use the medium to the advantage of the community. The mass of people are receptive and the information being given is being used. Of course, any information can be misused. But there is no question that it is the dispelling of ignorance and fear as much as medicament that has so radically altered the incidence of disease in this century. Doctors have an utterly indispensable role in dispelling this ignorance. And this implies taking part, not merely in simple informational programmes, but those

in which there are elements of contention, opinion, and debate, which a wide public has a right to know of and to which sometimes that public can make useful contributions. I sincerely hope that doctors will not only reject the serious implications of your cautionary leading article but that they will actively seek out and use the television medium to everybody's advantage.—I am, etc.,

ROBERT REID

London W.14

SIR,—Dr. L. E. S. Carrie (8 March, p. 571) says that "several misleading or frankly incorrect statements" about epidural analgesia were made in the recent B.B.C.-2 "Horizon" programme on induction of labour. As he does not specify what these statements were we find it difficult, as the producers of the programme, to give a detailed reply. However, most of the sequence on epidurals was simply a straightforward account of what happens; and the possible side effects we mentioned such as loss of sensation and headaches are generally accepted as being present in certain cases.

Furthermore, many of the points made about epidurals in the commentary emerged from a discussion one of us had in the labour suite of the John Radcliffe Hospital with Dr. Carrie himself. Hence it is certainly not true to say that no such discussions took place or that we did not approach anyone there for the facts.

Dr. Carrie also questions the recollections of one of the interviewed mothers. We do not, of course, have access to patients' records, which must remain confidential, but as the lady in question is a trained staff nurse and was simply describing her own experience we felt it reasonable to include this interview. She did not say that the epidural had caused fetal distress; in fact she clearly stated that the fetal heart rate had dropped *before* the epidural was given. What she described was the increased intervention needed following her induction and