## BRITISH MEDICAL JOURNAL

SATURDAY 13 MAY 1978

LEADING ARTICLES	
Assaults on doctors	Treating pressure sores
	New contract out to ballot
PAPERS AND ORIGINALS	
Factors influencing the incidence of neonatal jaundice LOUIS	SE FRIEDMAN, P J LEWIS, PAMELA CLIFTON, C J BULLPITT
High prevalence of hyperuricaemia and gout in an urbanised	d Micronesian population
Mechanism of action of insulin in diabetic patients: a dose-r	related effect on glucose production and utilisation
Cimetidine for recurrent ulcer after vagotomy or gastrecton	ny: a randomised controlled trial
Vestibulogenic imbalance JOHN FOLEY	124
Radiotherapy in the treatment of Hodgkin's disease ARTIMOT	THY, S.R.I. SUTCLIFFEE A.C. STANSFELD, D.E.M. WINGLEY, A.E. 100300 124
Seat belt injury to ileostomy A J WILKINSON, W G HUMPHREYS	124
Burn hazard with cement MW FLOWERS	1250
HLA phenotypes in long-term survivors treated with BCG in	nmunotherapy for childhood ALL
Spurious polycythaemia developing during observation LERA	1230 MSAY
Oesophageal perforation due to paraquat P ACKRILL, P S HASLE	ETON. A I RAI STON
Severity of notified measles CHRISTINE L MILLER	1252
MEDICAL PRACTICE	
Home or hospital care for coronary thrombosis? AUBREY CO	LLING, PETER CARSON, JOHN HAMPTON 1254
Diseases of the respiratory system: Asthma G M STERLING	
Letter from Zürich: Paediatric surgery in Europe: the first first If I had severe rheumatoid arthritis B MCCONKEY	ve years of EUPSA PPRICKHAM
Letter from Zürich: Paediatric surgery in Europe: the first first If I had severe rheumatoid arthritis B MCCONKEY	5. S. DEPI. OF AGRICULTURE 1265
Medicine and Books	1267
Any Questions?	1264, 1266
Materia Non Medica—Contributions from R S DENISON, W KEITH C R	MORGAN, J B BOURKE
refsonal view DONALD MAINLAND	
Correction: Medicine and Books	PROGUREMENT SECTION 1271
CORRESPONDENCE—List of Contents	OBITUARY CURRENT SERIAL RECORDS 1289
NEWS AND NOTES	SUPPLEMENT
Views1286Parliament—Questions in the Commons1287	The Week
Medical News         1287	New contract for medical and dental NHS consultants 1291
<b>BMA Notices</b>	CCHMS—Contract overwhelmingly approved 1297
Instructions to Authors	Questions on the contract

1274

## CORRESPONDENCE

Television medicine Sir Michael Swann, FRS	Hepatitis B in the school environment E A C Follett, PHD, and others 1279	Vacuum pipelines for anaesthetic pollution control
Routine procedures in general anaesthesia P V Scott, FFARCS; M A Thompson, FFARCS; N C Hypher, MRCS	"Fighting Spirit" Major-General F M Richardson, MD 1280 Nutrition education G Cust, MFCM 1280	D W Bethune, FFARCS, and J M Collis, FFARCS
Reactogenicity of pertussis vaccines	Fall in admission rate of old people to	A A Morgan, MD
J Cameron, РНD	psychiatric units K Shulman, MD, and T H D Arie,	B V Palmer, FRCS, and others
J S Simpson, FRCS; M J G Harrison,	MRCPSYCH	B K Mandal, MRCPED 128
FRCP, and L A Wilson, FRACP; B D Lask, MRCPSYCH; D P Choyce, FRCS; L Rose,	The abuse of slides Jill Wilkinson	Flight from specialist medicine T F Mortimer, FRCPATH
FRCPSYCH	Duodenal ulcer in Johannesburg	Deputising services: new code of
SI, moles, and drugs	S A R Cooke, FRCS	practice
P Crome, MRCP, and others 1277	Choosing an antidepressant	J W Bone, MRCGP 128- Hospital practitioner grade
Inhibition of fibrinolysis and abruptio placentae	D E Case, DPHIL	Frances F Kerr, MB 1286
E N Wardle, MD; B Åstedt, MD, and	H M Mather, MRCP	Hospital day nurseries Eva D Alberman, MD, and others 128-
I Marie Nilsson, MD	GP obstetrics	BMA and the Abortion Act
Hairy-cell leukaemia G F Burns, BSC, and others 1278	G N Marsh, MD	J H Scotson, MB
Duodenal erosions on cimetidine	J W Todd, FRCP	Economy in drug prescribing P D Oldfield, MB; J A Hall, MB, and G J
therapy	Lithium toxicity	Davies, MB; S T Swaddle, MPS; D C
B D Linaker, MRCP, and S Hughes, MB 1278	S P Tyrer, MRCPSYCH	Wilkins, MB
Antibacterial activity of cefuroxime  L O Potaschmacher, FRCPATH, and K A	Endometrial assessment  M E L Paterson, MRCOG, and others 1282	Points from letters Plasmapheresis in pregnancy (D Lee); Pilots' hearts (V B Maxwell); Self
Jefferson, FIMLS	Demeclocycline in congestive cardiac	multilation in the severely retarded (D A A
Contracting in or contracting out?  D C Bishop	failure R R Ghose, frcped, and R S Bonser, MB 1282	Primrose); Needle tracheostomy for acute upper airway obstruction (N Ripley); Window
The postcoital test: what is normal? H P Didier, MRCOG	Aortography in infantile coarctation B R Denham, MRCPI	in operating theatres (G A D Lavy); Checking the endotracheal tube (D Blatchley); SI, moles and drugs (D W FitzSimons); Whooping cougl
Who discovered the circulation of the blood?  S A Khulusi	Facet joints and low back pain J A Robertson, FRCS; A H G Murley, FRCS	(G H B Martin); Liver fluke in Britain (A I Hunt)
	1100	Correction. Cot deaths (Enon)

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

## Television medicine

SIR,—I have followed the recent articles and correspondence about television medicine with interest and concern. As so often happens in broadcasting, the opinions expressed are enormously diverse and frequently contradictory; but I would like to comment on some at least of the strands of thought.

First of all you suggest, in your leading article of 18 March (p 667), that I, as a scientist, should gather together 20 uncommitted people and listen to the conclusions they draw from watching various medical programmes. I doubt if this would be a very helpful, still less a scientific way of going about the problem, particularly as our audience research department has, at one time and another, conducted some eight surveys, involving much greater numbers of people, into the effects of medical programmes. Copies of these are available if you are interested.

I can only summarise the findings in the briefest of ways, but we discover, for instance, and perhaps surprisingly, that programmes do not in general seem to have much effect on people's subsequent behaviour—for example, in two studies only 5% or 6% of general practitioners reported that they had

been consulted by one or more patients as a result of programmes.

Nor is there much evidence of increased anxiety from watching programmes. After a programme on cancer viewers rated it seventh in a list of 20 worries, whereas non-viewers rated it tenth. Other studies showed a lesser effect or none at all.

Confidence in the outcome of treatment, however, generally showed a considerable improvement after watching—for example, of viewers of a programme on sex problems,  $22^{\circ}_{0}$  were very confident in the outcome of treatment for impotence, whereas only  $9^{\circ}_{0}$  of non-viewers felt this way.

Confidence in the medical profession also seems to increase slightly as a result of watching medical programmes—for example, following a programme on cancer 63%, of viewers thought there had been a "great deal or a lot of progress." The figure for non-viewers was 52%. Following another programme 78% of viewers thought "GPs do a wonderful job," while the figure for non-viewers was 71%.

Improvements in ability to answer simple questions after watching medical programmes have been very variable, from large to small, with, alas, occasional instances of a slightly reduced ability to answer correctly.

An interesting minor point is that 40% of people say they feel squeamish about watching

operations on television, and this figure does not seem to have fallen over 20 years. But even of these a majority are in favour of showing operations with suitable warnings.

I would not want to attach undue weight to these findings, but they suggest, to me at least, that the effects of medical television programmes are modestly beneficial for most people. But surveys cannot pick up the small number of people who are upset in one way or another, and these, of course, are the ones who turn up in GPs' surgeries.

Where does the balance of good and ill lie in this equation? Some 5 million people are likely to watch a medical programme, and it looks as though some good is done to most of them. But it also looks as though one in 20 GPs get consulted by one or more patients because they are seriously troubled by what they have seen. Since there are about 23 000 GPs this suggests one or two thousand people altogether. No doubt some of these consultations were desirable in that treatment was necessary. But others no doubt were with people troubled to no purpose. On any showing, however, these must have been a very small minority of viewers and one might remember that a lot of people are worried in varving degrees about illness anyway.

In the leading article mentioned above you make a number of other points, the most important of which is the need for balance, and you instance Norwegian broadcasting, where this is enforced by Parliament. But the fact of the matter is that ever since John