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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.

## Medicine and the media

SIR,—I was interested that you should have published a generally kindly notice of *The Medicine You Take: Benefits and Risks of Modern Drugs*, by J W Black and myself, in your new(ish) "Medicine and the Media" column (15 July, p 197). Since the profession, led by the *BMJ*, is at last taking seriously the question of continuously explaining to the public what it is all about and is trying to do it better, it might interest some to hear how we came to write the book (Fontana, £1.25, from all *good* booksellers).

Some years ago I rashly allowed myself to be seduced by flattery into delivering a public lecture at the Institute of Contemporary Arts. In the discussion that followed I was savaged by a male lunatic and a women's liberationist. I began to appreciate not only the difficulties but also the hazards of popularisation.

Soon after, I was approached by Jonathan Benthall (now director of the Royal Anthropological Institute), who said there might be the nucleus of a popular book in the lecture and suggested that I might write for a series of Fontana Paperbacks (Technosphere) that he was editing. I agreed to do this provided Jim Black, leader of the scientific teams that developed the 3-adrenoceptor blockers and the histamine H<sub>2</sub>-receptor blockers and then professor of pharmacology at University College, London, would join as co-author. He agreed. Jim Black and I both felt there was a need to explain drugs to the public, particularly their benefits, which seemed to be taken for granted while their inevitable risks, which are in comparison small though they can be grave, occupy the attention of the media and politicians to an extraordinary degree. We thought we could present a balanced view and that it might be a useful thing to do. We had a number of genial evenings, in the course of which we began to falter over the implementation of our plan, with its act of faith that there was no technical aspect of pharmacology that could not be explained in simple language—we would not abandon that.

Several years passed and we had only a scribbled synopsis—a few sentences to each chapter. Even the editor's reminders ceased. Eventually, in 1977, we realised we must either abandon the project and tell the editor finally or else act, and so in a few weeks the book was written.

Your reviewer mentions that parts are heavy going and wonders if we had the typescript read by a few people without higher education. The answer is, No. We found we could easily (we thought) write for people educated to university entrance standard, and I have no doubt that most of the book is perfectly comprehensible to people with no higher education, though those with no science might have to skip some passages, as we mention in the preface. The problem of explaining those technical passages to people with less education would, I think, have probably doubled the labour of the book. We did not feel we could give the time to such an attempt, which also might easily fail. So we addressed ourselves to the audience we felt we best knew. The typescript was read in whole or in part by about seven non-medical people, some trained in biological science, others in history, languages, and sociology. We accepted quite a lot of their advice. When we found the historian could understand the effects of pH on aspirin and the consequences for the stomach we thought we had about reached the right level, or anyway the best we could do.

We have attempted to explain the problems of drugs to the public, if only a section of it, in a lively manner. We hope our professional colleagues might also enjoy the book, and indeed some have been kind enough to say they have, after being given a free copy. We have used extensive examples to make our points about the incalculable benefits of drugs. In the case of postpartum oxytocics your reviewer criticises us for mentioning ergometrine rather than Syntometrine, but we felt we had to keep the matter as simple as possible and not to try to provide an up-to-date guide to current practice. The same applies to our various examples of risk. We did not happen to include pertussis vaccine in the various examples. Again, comprehensive coverage of all current problems and anxieties facing patients is not our aim. To attempt a comprehensive guide to all such issues would have been to obscure with details of the trees the perspective of the whole forest which we want to put before the reader.

But when your reviewer suggests that the book might give valuable insight to the members of area health authorities and community health councils, then we are most gratified, for one of our prime objectives is to enlighted such people, who can influence public attitudes and policies, as to the nature of the complex problems before them, to show that they cannot be solved by hasty reaction, that they need much background information and much thought.

I write this letter because I believe, with you, that, however busily we are practising our professional skills, more of us must yet find time to try to tell the public, particularly the "opinion-formers," what it is we are doing and why our professional activities are (generally) good for the public as well as for ourselves. We should not leave it to media-