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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

The Dobbing workshop and SWOP

SIR,—Your kind review of the publication of my most recent workshop (27 August, p 605) shared the same issue very comfortably with several letters from prominent medical men prepared to join Professor Tony Mitchell's proposed new campaign, SWOP (Speakers Who Oppose Publication) (27 August, p 615). I too, presumably along with dozens of others, would like to be a founder member of SWOP, for the same reasons as those expressed by Professor R M Hardisty and Professor Roy Meadow and by Mr Bryan N Brooke. Unfortunately, the suggested option for invited speakers to decline the invitation whenever a manuscript is demanded for a chapter usually leads to the organisers finding someone else, and the original chap may lose a free trip to a nice place. Thus my own practice is to weigh the chore of writing a chapter against my liking for the locality in which the meeting is held and the prospects of taking my wife. Since there seems to be a law that the nicer the occasion the more likely is a chapter to be required, I (thankfully) travel much less than I used to.

One of the reasons for inventing the Dobbing workshop was to help overcome some of the problem by restricting attendance to the "speakers," and then preventing them from speaking, except in genuine discussion of their precirculated position.

Although infinitely flexible, I still resist Dr Tony Smith's suggestion that the discussion should be published, except as at present in the form of carefully considered statements by those taking part in the discussion in the light of the hammer and tongs argument which takes place. The workshop itself, without any audience, is designed to produce final position, personal, and constructive statements for publication, and I can assure Tony Smith that nothing of the actual discussion is lost by

this procedure. If you read the three resulting books so far¹⁻³ you will not find watered down, agreed common denominators, but often considerably outspoken disagreement, without the usual anodyne wrappings.

Still more would I resist asking "a journalist to . . . attempt to produce an objective report of the talk." Some of my best friends are journalists, but their role in life is not (however much they may think it is) to summarise argument so that major medical puzzles can more nearly approach solution. That is the job of the practising scientist and the purpose of the Dobbing workshop.

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¹ Dobbing J, ed. *Maternal nutrition in pregnancy—eating for two?* London: Academic Press, 1981.

² Dobbing J, ed. *Prevention of spina bifida and other neural tube defects.* London: Academic Press, 1983.

³ Dobbing J, ed. *Scientific studies in mental retardation.* London: McMillan and The Royal Society of Medicine (In press).

SWOP (Speakers Who Oppose Publication)

SIR,—It would perhaps be interesting to draw up some conditions of membership for SWOP (Speakers Who Oppose Publication).

(1) At the rostrum they will be not only amusing but so splendid with reference to imparting both information and ideas that once we have heard what they say we will never forget it (or them).

(2) They will believe that no profit should be made from publishing.

(3) They will refuse to speak at section meetings at the Royal Society of Medicine.

SWOP members will, of course, share certain group characteristics, the most con-

sistent of which will be that their own curricula vitae will be so nicely tied up as to be considered totally satisfactory by those who really believe that curricula vitae help in some way to judge a man or woman's worth and mark. The more I think about the psychology of protest, the more sure I am that Shakespeare got it right. As an editor responsible for publishing proceedings that have ranged from those I would like to mention to those I would rather forget, I also quite like to check what people actually admit to having said at the rostrum from time to time, however embarrassed they may be about it all later.

ERIC J TRIMMER

British Journal of Clinical Practice,
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Prevention of coronary heart disease

SIR,—In her article on the primary prevention of heart disease (3 September, p 651) Dr Chandra Patel introduces this brief but potent sentence: "Low oestrogen contraceptives are preferred, and patients are advised to interrupt pill use every three to four years."

It is difficult to imagine a more concise expression of false information. It would be seriously damaging to our patients' interests if translated into clinical practice. Firstly, there is substantial evidence that it is the progestogen component in the combined pill that is associated with the increased risk of vascular side effects.¹⁻⁴ Emphasis should, therefore, be placed on using the brands with low progestogen activity and I personally can find no clinical indication for a preparation which contains more than 150 µg of levonorgestrel or desogestrel or 1 mg of norethisterone acetate. Secondly, Dr Patel seems to assume that a relationship has been demonstrated with duration of use. Indeed, in our