

BRITISH MEDICAL JOURNAL

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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.

*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included.*

A question of confidence

SIR,—The heavy handed way in which the editor of the *BMJ* has been hauled over the coals for publishing clinical data relating to the late General Wingate is a classic example of following the letter of the law and not its spirit.

Everything that the GMC has said on the subject of professional confidence in the latest edition of its blue pamphlet on professional conduct and discipline is entirely reasonable and correct, provided that the rules there laid down are interpreted with common sense. It is surely not common sense to censure the editor of the *BMJ* for publishing material which goes some way towards establishing that General Wingate's depression and attempted suicide in Cairo over 40 years ago were due to cerebral malaria, which, if true, is a historical fact of great importance, correcting misconceptions about that brilliant individual. As both Dr Lock and Dr Loudon have so cogently argued, there must clearly be occasions, admittedly rare, when the interests of history outweigh those of confidentiality. The Wingate episode is surely one of these. The registrar of the GMC seems to imply in his letter to the editor that the information disclosed might be regarded as particularly valuable only by "specialists in military or medical history." History, however, does not belong to specialists: it is part of the soul of a nation, and the views of the public are at least as important on this issue as those

of historians or of the guardians of the conscience of the medical profession.

For the historian, not enough has yet been said. The uncorroborated testimony of a single individual so long after the event is scarcely the most reliable historical source, but the brief account published by the *BMJ* must have brought joy to Wingate's family, who will have been delighted. So too will be all those who, like myself, fought as combatants in Burma and who remember the miraculous restoration of morale achieved among British and Indian troops serving there by the hard won success of this remarkable man and his courageous Chindits.

So long as the GMC interprets its role with good sense, I see no particular need to argue for alterations in the advice it offers in the blue pamphlet. A possible time limit after which all could be revealed would not, I fancy, greatly appeal either to the majority of doctors or to their patients. It is, of course, easy to argue that the rules should be changed in the light of the cases instanced by both the editor and Dr Loudon. If the late heroic Colonel H had died in the arms of a medical officer and not in those of his comrades in arms, I suppose that the strict and unthinking interpretation of the GMC's rules would mean that the doctor could not have told anyone that he had been shot. But that is surely an extreme interpretation of the GMC's advice, as well as being a potential distortion

of history. So too is its action over the Wingate affair.

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SIR,—I agree with Dr Stephen Lock (14 January, p 123) that discussion must start with Lord Moran's *Churchill: the Struggle for Survival* if only to emphasise that there was little new either in his disclosures made in 1966 or, incidentally, in the Cabinet documents recently released after 30 years. In 1965 Sir George Mallaby, a senior civil servant, described Churchill's behaviour in Cabinet after his stroke in June 1953. Early in 1966, before publication of Moran's book, Kenneth Young, a political historian, also discussed this illness and a similar episode in 1949.

There are three reasons why those on the Medical Register should be allowed some discretion about disclosure of medical details to reputable historians. Considered action by members of a learned and humanitarian profession serves the interests of their patients, their personal reputation as doctors, and, not to be forgotten, a wider public interest.

As Dr Lock states, a precise medical diagnosis can, as with Lord Northcliffe and General Wingate, correct unfounded rumours and assumptions. The doctor's own reputation