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*Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.*

*Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.*

*Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.*

## Doctors and the drug industry

SIR,—The report from the Royal College of Physicians on the relationship between the medical profession and the pharmaceutical industry (Dr Richard Smith, 11 October, p 905) sets out a code of practice that will be welcomed by those doctors who feel uncomfortable about accepting financial support for research from the industry. It is also particularly appropriate that we should examine our relationship at a time when lack of government support for research has forced us to look elsewhere for funds to perform and present scientific work.

The college report cites examples of doctors accepting travelling expenses to foreign scientific meetings and condemns this practice but does not convey the impression that it is widespread. On the contrary, we believe that many important European meetings in our own specialty (and presumably others) are largely supported covertly through the pharmaceutical industry by the sponsorship of attending delegates and the payment of large registration fees up to as much as £300. We also believe that neither the pharmaceutical industry nor the sponsored delegate can be blamed entirely for this trend, which we think is one of the factors which threaten the continued development of high quality scientific research in Britain.

In any specialty there is each year an increasing number of conferences which an active research worker can attend to present his work—perhaps two or three in the United Kingdom, one in Europe, and one in North America. Since most doctors have clinical commitments and do not have an inexhaustible supply of presentable research they must choose which conferences to attend. It is not surprising therefore that the beleaguered senior

research worker or delegate health service consultant will choose the more exotic location and accept the hospitality proffered by the pharmaceutical industry. The junior research worker, however, or consultant with scruples about accepting sponsorship cannot attend these meetings since the personal expense is too great and attends instead the meetings in his or her own country.

International meetings are extremely important for disseminating scientific information, but they need not be extravagantly expensive beyond the cost of travel and accommodation. They could, like many British meetings, be held in universities rather than conference centres, while the number of invited speakers and the quality of entertainment should be influenced by the revenue rather than determining the registration fee. British meetings like those of the Medical Research Society and the British Thoracic Society have an increasing record for scientific quality without expense and deserve to be well supported. Expensive foreign meetings encourage poor quality "meal ticket" abstracts, inflated registration fees, and absenteeism from home meetings. There is even a danger that the direction of research may be influenced by the attraction of forthcoming meetings.

We do not, however, want to discourage involvement in scientific meetings by the pharmaceutical industry if that is what it wants, but we would ask our British colleagues who help to organise international meetings to remember that they have a responsibility not to make the meetings exclusive to those who can raise sponsorship; it is better to use the money openly to reduce registration fees or provide travel scholarships. If drug company money is available for support of scientific

conventions then it should be spent on the meeting and not on hospitality for those in favour with the industry.

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## The pill and breast cancer: why the uncertainty?

SIR,—Messrs Klim McPherson and James Owen Drife discussed possible reasons for the apparent discrepancies between recent studies and called for further information from them (20 September, p 710). They suggested that the reasons might include geographical differences in the rate at which oral contraceptives came to be widely used. If, as they suggested, the greatest hazard was likely to be seen in women who used the pill before their first pregnancy and the effect occurred only after a latent period of some 15 years, an increased risk might now be found only in those countries in which the use of oral contraceptives by young women first became common.

In support of this suggestion it has been claimed that the lack of an increased risk in the USA is because the use of oral contraceptives by young women became common in that country about five years later than in Britain.<sup>1</sup> No such difference can, however, account for the failure to find an increased risk in New Zealand. Analyses which we