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- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Retreat from openness

SIR,—I support the serious concerns voiced by Sir Douglas Black (19-26 December, p 1582) and your correspondents (16 January, p 207) on threats to the openness of publications posed by the new DHSS research contract.

Like many academics, I follow—and shall continue to follow—a simple principle; namely, never to undertake research without freedom to publish. I shall be sorry if in the future this precludes collaboration with colleagues supported by the DHSS.

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essentially the same system) and then in the DHSS, I can recall only three occasions which led even to discussion and none in which the issue was not easily and happily settled. I do not think the freedom of action granted to the research worker was at any time abused or a matter of regret to anyone; on the contrary, the guarantee of scientific independence was recognised by the department as in its own interest as much as in the researcher's.

I accept, of course, the good faith of the department in its assurance that its consent will "not be unreasonably withheld" but it is not difficult to foresee circumstances in which a conflict of view might arise about how "unreasonably" should be interpreted. If the new formula were ever to lead to this there would be a real danger of damage to the mutual trust under which the department's research has hitherto been conducted and which is necessary if it is to retain the confidence of the public and the scientific community.

I believe that in years to come the department would be as relieved as the research workers if it now had second thoughts.

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and to be told that their diagnosis is cancer would strengthen the claim that the profession is genuinely interested in keeping its clients informed.

NICOLAS BEARD

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SIR,—Your anonymous correspondent (16 January, p 207) prompts two distinct responses.

The first is sadness that circumstances did not allow him to resist such grossly improper pressure. Secondly, I am reminded of the importance of retaining the independent status of general practitioners. I cannot be gagged as my unfortunate colleague has been (rather ineffectively it seems). Perhaps it will fall to us in general practice to ensure that doctors in Great Britain are not reduced to the subservience of those in certain less privileged countries.

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SIR,—Your anonymous correspondent's experience (16 January, p 207) with his health authority reminds one of the feudal relationship between lord and vassal whereby the vassal was bound "to love what his lord loved and loathe what he loathed, and never by word or deed do aught that should grieve him."¹ We are all aware that the NHS is backward in going forward but surely regression to the ideals of the Middle Ages is a bit much?

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¹ Bishop M. *The middle ages*. Washington: American Heritage Press, 1970.

SIR,—There is just cause for the concern that has been expressed about the new Department of Health and Social Security contract under which research workers have to obtain the department's permission before publishing the results of their work. This differs in principle from the old contract, which left the final decision about publication to the researcher while reserving to the department the right to see reports and comment on them beforehand. Thus the independence of the research worker was guaranteed while the interests of the department, in the event of disagreement, were safeguarded by the opportunity to issue a public disclaimer if it considered that the facts had been misused or misinterpreted and its objections inadequately dealt with.

The principle of academic freedom in the earlier version was unequivocal and, to my knowledge, it worked in practice to everyone's satisfaction. In the 25 years from 1948 to 1973 during which I worked in research administration, first in the Medical Research Council (which operated

I was encouraged by the stance of many of your correspondents in this debate (16 January, p 207). Drs Gerald Draper, Ann Cartwright, your anonymous correspondents, and others are alluding to the principle that people have a right to information which affects them (or even only might affect them). This is a principle which I wholeheartedly support.

It is a pity, however, that the profession cannot show such support more consistently. Conceding the right of patients to have access to their notes