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## LEADING ARTICLES

Clumsy children	D M B HALL	375
Fraud in medicine	STEPHEN LOCK	376
Rediscovering the diaphragm	PETER STOTT	377
Games to play and accidents to prevent	DAPHNE GLOAG	378
Antidepressants and skin disease	P C H NEWBOLD	379
Drug regulation: evolution or revolution?	MICHAEL D RAWLINS	379
Correction: Glasnost on pesticides	COGGON	380

## CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Histological and cytological evidence of viral infection and human papillomavirus type 16 DNA sequences in cervical intraepithelial neoplasia and normal tissue in the west of Scotland: evaluation of treatment policy	J B MURDOCH, L J CASSIDY, K FLETCHER, J W CORDINER, J C M MACNAB	381
Young age as a prognostic factor in cervical cancer: analysis of population based data from 10 022 cases	CLIVE A MEANWELL, KRYSZYNA A KELLY, SUSAN WILSON, CLAUDIA ROGINSKI, CIARAN WOODMAN, ROD GRIFFITHS, GEORGE BLACKLEDGE	386
Passive smoking and lung cancer: a publication bias?	JAN P VANDENBROUCKE	391
Parathyroid hormone as a causative factor of primary non-function in renal transplants	Z VARGHESE, J E SCOBLE, M K CHAN, D WHEELER, S F LUI, R A BAILLOD, O N FERNANDO, P SWENY, J F MOORHEAD	393
Use of acyclovir to treat chickenpox in pregnancy	K BOYD, E WALKER	393
Failure of salt to increase starch digestibility and glycaemic response	LUKE J D O'DONNELL, PAULINE M EMMETT, KENNETH W HEATON	394
Cholesterol embolism in a renal graft after treatment with streptokinase	Y PIRSON, B HONHON, J P COSYNS, C VAN YPERSELE	394
Do psychiatric registrars take a proper drinking history?	M P FARRELL, A S DAVID	395
Severe orthostatic hypotension during treatment of falciparum malaria	J M KOFI EKUE, D E D PHIRI, M MUKUNYANDELA, U K SHETH, W H WERNSDORFER	396
Are general practitioners prepared to share information about their patients and their work?	MIKE PRINGLE	397

## MEDICAL PRACTICE

Guidelines on postmarketing surveillance	JOINT COMMITTEE OF ABPI, BMA, CSM, AND RCGP	399
Retraction of research findings	INTERNATIONAL COMMITTEE OF MEDICAL JOURNAL EDITORS	400
Uniform requirements for manuscripts submitted to biomedical journals	INTERNATIONAL COMMITTEE OF MEDICAL JOURNAL EDITORS	401
Nursing Grievances: VI: Other places, other solutions	TONY DELAMOTHE	406
Research Policy: International comparisons of funding and output of research: bye bye Britain	RICHARD SMITH	409
Everyday Aids and Appliances: Elastic stockings	ALAN J WHITLEY	413
Conversations with Consultants: Paediatricians	TONY SMITH	414
New Drugs: Centrally acting drugs	D N BATEMAN, S CHAPLIN	417
ABC of Dermatology: Fungal and yeast infections	P K BUXTON	420
Materia Non Medica—Contribution from	RICHARD WESTCOTT	405
Words	B J FREEDMAN	408
Any Questions?		419, 422
Medicine and Books		423
Personal View	ROY ROBERTSON	426

CORRESPONDENCE—List of Contents 427

OBITUARY 437

## NEWS AND NOTES

Views	434
Medical News	435
BMA Notices	436
Corrections: Latest figures on AIDS; Saying no to Alton	436

## SUPPLEMENT

The Week	439
The price of success	JOHN WARDEN 440
From the CCCMCH: Warm but cautious welcome to Acheson report	441
BMA evidence to inquiry into NHS resources	443
BMA council elections 1988-90	444
Jersey scientific meeting	444

## CORRESPONDENCE

<b>Retreat from openness</b> G Rose, DM; R H L Cohen, FFCM; N Beard, MB; M Blackmore, MB; R B Tattersall, FRCP ...	427	<b>Leg ulcers</b> D Negus, DM; P K Buxton, FRCPC .....	430	<b>Anaesthetic services in obstetrics</b> G Young, MRCP .....	431
<b>Doppler studies in diabetic pregnancy</b> S N Tyrrell, MB .....	428	<b>Vitamins and neural tube defects</b> J P Griffin, FRCPATH .....	430	<b>Delivery of hospital discharge letters to general practitioners</b> Nina Essex, FRCP .....	432
<b>Obscure gastrointestinal bleeding</b> C R G Quick, FRCS, and R J Dickinson, MRCP	428	<b>Sexism and the plural in medical writing</b> J T Hart, FRCGP; Elizabeth M Horne, MD .....	430	<b>Community care</b> Penny McVeigh, MA; D J Jolley, FRCPSYCH ....	432
<b>The NHS debate</b> W J Stephen, MRCP; K G Taylor, FRCP .....	428	<b>Major abdominal operations on elderly patients</b> M Daly .....	431	<b>Hyperbaric oxygen for carbon monoxide poisoning in England</b> J K Anand, FFCM, and others .....	432
<b>Medicine and politics</b> J Garfield, FRCS; Sir Douglas Black, FRCP .....	428	<b>Pain in the jungle</b> G W Hanks, MRCP .....	431	<b>Drug points</b> Acute renal failure due to cephamandole (P Csanyi and others); Sulfadoxine-pyrimethamine resistant malaria from west or central Africa (J Gubler).....	433
<b>The need to make rugby safer</b> J R Silver, FRCP; C Weston, MRCP, and others	429	<b>Charging patients for eye tests</b> R Blach, FRCS .....	431		
<b>More than meets the eye</b> K N Hakin, MB .....	429				

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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.

GEOFFREY ROSE

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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

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.

R H L COHEN

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SIR,—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

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.

MICHAEL BLACKMORE

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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."<sup>1</sup> 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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<sup>1</sup> Bishop M. *The middle ages*. Washington: American Heritage Press, 1970.