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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

British standard insulin syringe

SIR,—We have more than 10 different types of insulin in use in Britain, produced in strengths of 40 U/ml and 80 U/ml. Only one, soluble, is produced in a strength of 20 U/ml and this is rarely used.

Surely it is time that the British standard insulin syringe, calibrated to deliver 20 U/ml, was relegated to the museum of antiquities. This relic is a source of great confusion. The graduations correspond to neither of the strengths of insulin commonly used in this country. Much medical and nursing time is taken up in explaining the difference between the number of units of insulin and the number of marks on the syringe. Obfuscation increases when patients talk of "double strength" insulin, meaning 80 U/ml. Various written reminders may increase the chance of error in a busy diabetic clinic or when the card is misplaced or misunderstood by the patient. Yet these errors may be serious and occasionally result in permanent damage or death.

Most errors would be eradicated by using only one strength of insulin, with a syringe graduated to correspond to that strength. In 1973 U-100 insulin (100 U/ml) was introduced into the USA¹ (first by Eli Lilly and Co and later by E R Squibb and Sons). With a choice of large or small syringes, depending on the size of the dose, this has proved satisfactory. Now 80% of the units sold by Lilly are of U-100 insulin. In April 1974 U-100 insulin was introduced into

Canada and the old strengths discontinued (U-80 in December 1974, U-40 in June 1975). The change was regarded as "having been accomplished relatively free of complications."

In Britain a trial of U-100 insulin was undertaken to assess its acceptability,² in which 110 diabetic patients, already accustomed to using the U-40 and U-80 insulins, were given U-100 insulin with a suitably graduated syringe; 83% either preferred the U-100 insulin or at least had no preference. There were some mechanical problems with the syringes used in this trial owing to correctable features in their design. There is no doubt that these can soon be remedied to

Television medicine

SIR,—Perhaps the time has come in this correspondence to point out what the real issues are. They are: (1) should television in its institutional role as "honest reporter" be allowed the same freedom to deal with medical topics as it has to deal with, say, politics, gardening, civil engineering, physics, sport, or foreign affairs? and (2) can it ever be right for a television programme to leave the viewer with a "committed" view of a medical topic?

If you answer "no" to both questions then you are on the side of a type of censorship that operates nowhere else in the press today. Over the years we have come to accept in most areas that the benefits of an open society outweigh

provide syringes, either glass or disposable plastic, satisfactory for use with large or small doses.

There may be some difficulty in the transition period, but this difficulty would not compare with the trouble that we have had for the past 25 years with the U-20 syringe. Patients in future would be spared the confusion of three strengths of insulin. Physicians and nursing staff would be spared time for more essential things. We would all be spared the complications that result from mistakes.

It is time that this change was made.

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¹ Moss, J M, and Galloway, J A, *Journal of the American Medical Association*, 1977, **238**, 1823.

² Sheldon, J, et al, *British Medical Journal*, 1976, **21**, 1319.

the disadvantages. In the case of medicine this means that it is valuable to society for there to be outside observers of what doctors do and say, capable of assessing the wider significance, able to spot the vested interest lurking beneath the "objective" research, ready to report on whatever is judged to be of wider interest to the public. Of course such observers must be informed and able to make such judgments, but they do not need to be doctors, provided they have access to good medical advice. The acceptance of the freedom of the media to report medicine implies the possibility that in a proportion of cases the journalist covering the field as an "honest