uses current investment to defray dividends owing to past investors, which can possibly work only in an expanding economy (and is a questionable business practice). This is now being questioned.

The famous buck referred to by Heginbotham stopped with Harry Truman, not some anonymous purchaser health authority. Truman did not avoid uncomfortable decisions, even in 1948 when he fought for his political life. It is in this spirit of personal integrity and accountability that the experimental Oregon scheme should be viewed.

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1 Heginbotham C. Rationing. *BMJ* 1992;304:496-9. (22 February.)

Support for suspended surgeon

SIR,—As consultants in Dewsbury, we wish to express our support for the suspended consultant Philip Lyndon, whose case Clare Dyer reports.¹ We regard him as a capable and conscientious surgeon who has given valuable and much appreciated service to the local community. We are not aware of any good reason for his lengthy suspension and would welcome his return to work at the earliest opportunity.

Mr Lyndon's treatment casts doubt on the adequacy of safeguards in existing disciplinary procedures and suggests that a consultant's right to work is at the whim of his or her health authority. Yorkshire Regional Health Authority makes much of allegations of substandard work, but, even after the so called surgical review, Mr Lyndon was allowed to continue unrestricted practice for six months before being abruptly banned from the hospital. We know that the report on the surgical service in Dewsbury refers at some length to interviews that Mr Lyndon has given to the press. It even refers to the way he wears his operating hat, but it contains no sustainable data on morbidity or mortality at all.

JOHN SHEA, GORDON FORD, WILLIAM CASE, PETER ANGUS, EILEEN STICKLEY, JOHN THOMLINSON, VICTOR MOORE, KALY BHABRA, GILLIAN WILSON, HALEY MATHEW, ANTHONY TUCKER, ARUN GANDHI, PAUL COULDEN, OXANA MAHER, SARAH BRAYSHAW, DAVID LLOYD, ARUN MISHRA, PENNY SMITH, JOHN WETHERILL, TOM KEMP, PETER JAMES, MICHAEL LYNCH, BAS IKOKU, MALLIKA MOHANRAJ, PATRICK AHFAT, PATRICIA GUDGEON, ST CLAIR LOGAN, MARGARET EVANS, SUSAN BARNES, CHANDAN BISWAS, RANJAN KUNDU

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1 Dyer C. Surgeon accused of high mortality. *BMJ* 1992;304:733. (21 March.)

Problems of the NHS reforms

SIR,—With regard to the recent rows over the NHS in the run up to the election I wish to make several observations.

Firstly, if the government has succeeded in cutting (only some) waiting lists (for those waiting two years) before the election it is hardly surprising: regional health authorities were ordered to cut specific lists at specific hospitals, at any cost, as part of the task of implementing the patient's charter by April. This is hardly devolved management reflecting a purchaser-provider split.

Secondly, fundholding general practitioners are allocated much more money per head of population than are purchasing districts in their budgets. The grave financial consequences of this are being concealed until after the election.

Thirdly, seeking self governing trust status, like

fundholding in general practice, is increasingly popular because of the financial, managerial, and political consequences of not doing so. In many regions the approach to these matters is utterly autocratic. The constitutions of trusts, as well as Tory preference for tax cuts over social spending, make suspicion of privatisation perfectly reasonable.

Fourthly, the new system of contracts between purchasers and providers is the old system of cash limits by any other name. Providers often cannot do more to earn more money as no money is available in the purchasing budget. The patient follows the money.

Fifthly, the NHS reforms have been supported by some commentators on the dubious grounds that they allow new priorities to be set through needs assessment by health authorities. This is exactly what the government's short termism has prevented. Others who oppose the Tory reforms argue for even more radical change, such as giving health budgets to local authorities. Yet such approaches would cause huge disruption and continuing political interference.

Finally, the Labour party's health policy would actually liberate managers to address longer term priorities, with considerable devolution to provider managers yet responsibility for performance resting with local health authorities; incentives for good performance linked to longer term plans; and appropriate reimbursement to providers for patients from outside the local district. General practitioners would be given a voice in local health authorities to help determine priorities.

Partly through exhaustion from implementing the current rigmarole, managers are wary of yet more change. But this should not deflect anyone from the task of designing a more sensible health policy.

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Cold comfort for carers

SIR,—Forbes H Norris's editorial on motor neurone disease highlights the lack of interest and care shown by doctors, "including neurologists," to patients with this disorder; as the wife of someone with the disease I would say "particularly neurologists." It is therefore surprising that Tony O'Brien and colleagues find it "remarkable that at the time of referral 91 patients (73%) were being cared for in their own homes."

Most patients with motor neurone disease have no choice but to stay in their own homes: many hospices will not admit them (probably because they take so long to die), and private nursing homes can cost upwards of £400 a week, which puts them beyond the reach of most people. O'Brien and colleagues' tribute to the "courage . . . of patients and the dedication . . . of families and friends" is little comfort to people who have been left to manage as best they can.

NORMA PEARCE

Cowes,
Isle of Wight

1 Norris FH. Motor neurone disease. *BMJ* 1992;304:459-60. (22 February.)

2 O'Brien T, Kelly M, Saunders C. Motor neurone disease: a hospice perspective. *BMJ* 1992;304:471-3. (22 February.)

Writing left handed

SIR,—As a left handed person born in 1920 and educated in England, during my schooldays I never saw a left handed child hook the hand holding the pen.¹ The reason for hooking is that

left handed children are taught by right handed teachers, who use a dogma that was created after I had left school and after ballpoint pens first became available. This dogma states that a left handed person will smear the paper unless it is tilted and unless he or she hooks the hand. This is simply not true.

When I was at school we were permitted to write only with steel nibbed pens, although fountain pens were available. If you had tried to hook your hand while using a steel nib it would have been impossible as the tip of the nib would have stabbed the paper. In my schooldays the left handed were ridiculed by teachers, and attempts were made to convert us to right handedness. When I was in medical school I joined the fencing club and had to hold the foil in my right hand as otherwise I would have an unfair advantage over my opponents. Although I rarely won a bout, at least it taught me to use my right hand.

Hebrew and Arabic are written from right to left rather than from left to right, yet right handed writers in these languages do not hook their hand.

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1 Dunea G. Left hands. *BMJ* 1992;304:579. (29 February.)

Hype from journalists and scientists

SIR,—Richard Smith may be right in general when he criticises exaggerated claims about medical advances.¹ It is, however, ingenuous to couple this with unwarranted criticism of those who are prepared to take on the necessary and sometimes difficult, and even risky, task of explaining science to the public through the media.

The human genome project is a most exciting project with extraordinary promise for improved prevention and treatment of disease. Identification of the position of genes conferring susceptibility to particular diseases, which is the most direct outcome of genome mapping and sequencing, has already led to some outstanding advances. The genes for cystic fibrosis, retinoblastoma, Duchenne muscular dystrophy, and familial polyposis have been identified, and these discoveries are already influencing medical practice and promise to do so even more in future.

It was in my capacity as president of the Human Genome Organisation that I was asked to comment on the importance of the human genome project in general and relate this to the asthma family study. My comments were therefore directed not only at the gene for asthma but at the value of the project in general, and this may not have come across in a short article. That is a risk that is always attached to communication with the media, and I make no apologies for continuing to explain the importance of this work to the public. Nothing I said could have been used to endorse a suggestion that eradicating genetic disease is easy—a term I would in any case be most hesitant to use.

"Designer drugs," as Smith describes them, are likely to be found eventually once this particular gene for asthma is discovered, as undoubtedly it will be. But even before that, giving simple prophylactic treatment with current anti-inflammatory drugs with minimal side effects to people identified as being at risk by genetic markers may well prove effective.

The public should be made aware of the excitement and promise of current medical research, including in particular analysis of the human genome. The intelligence and commonsense of patients should not be underestimated. Patients often seem to support the need for long term research to deal with their diseases more than some

of those professionally concerned in the enterprise of medical research.

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1 Smith R. Hype from journalists and scientists. *BMJ* 1992;304:730 (21 March.)

SIR,—Rarely do the medical journals mention the work of lay medical correspondents in the national press; rarer still do they devote an editorial to press stories.¹ It was therefore surprising that Richard Smith was unable to point to any inaccuracy in my stories on AIDS and the gene for asthma published in the *Sunday Times*.² Instead, his attack relied on accusations of “appalling hype,” which he failed to substantiate. In fact, both stories were followed up prominently by virtually every serious newspaper and television company; clearly, the vast majority of my journalist colleagues disagreed with Smith’s judgment.

Smith’s real objection seems to be that research papers—the *BMJ*’s future exclusives—have received a premature airing in the full glare of national newspaper coverage. Though I do not doubt the necessity of peer review, I am sure that the *BMJ* does not wish to put the professional’s right to publish above the public’s right to know.

The research on asthma showed a cumulative lod score—the scientific measurement of likelihood—of 10¹⁴, a figure of many millions to one against the gene for asthma not having been identified.³ When scientists of the eminence of Sir Walter Bodmer and Dr Bridget Ogilvie tell me that such important research is a medical milestone they are not contradicting the more cautious doctors leading the research team; they are simply using their experience to give the wider perspective demanded by my readers. How then can Smith say they are doing nothing for the public understanding of science?

The multimillion pound research programmes into combating AIDS and mapping the human genome depend more than most on public and charitable funding; the paying public, who in the main are not the *BMJ*’s readers but mine, deserve to be kept up to date. To do otherwise would be censorship, wouldn’t it?

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London E1 9XW

1 Smith R. Hype from journalists and scientists. *BMJ* 1992;304:730. (21 March.)

2 Ballantyne A. British breakthrough likely to end asthma suffering. *Sunday Times* 1992 March 8:1-3.

3 Ballantyne A. AIDS death rate halved by new drug. *Sunday Times* 1991 December 29:1-3.

4 Shirakawa T, Morimoto K, Hashimoto T, Furuyama J, Yamamoto M, Takai F. Linkage between IgE responses underlying asthma and rhinitis (atopy) and chromosome 11q in Japanese families. *Cytogenet Cell Genet* 1991;58:1970-1.

5 Young RP, Sharp PA, Lynch JR, Faux JA, Lathrop GM, Cookson WO, Hopkin JM. Confirmation of linkage between atopic IgE responsiveness and chromosome 11q in 64 nuclear families. *Cytogenet Cell Genet* 1991;58:1974-5.

SIR,—Richard Smith’s editorial expresses concern that the publication in newspapers of scientific advances related to disease may raise false hopes in patients suffering from the diseases concerned.¹ The editorial was provoked by reports of the work of Dr Julian Hopkin, who is not only a scientist but also a consultant physician responsible for patients suffering from asthma and related conditions. Dr Hopkin believes that he and his team have shown that asthma seems to develop mainly because of a change in a particular gene on one particular chromosome. He has stated publicly that the identification of this gene offers hope for much improved prevention and treatment in the future when new drugs can be developed. In speaking to journalists I took the lead from Dr Hopkin.

I believe it is essential that scientific work should be aired in the press and so made available to a wide audience, not just disseminated by scientists to their peers who read specialist journals. Therefore I am happy to discuss with journalists the scientific results of work funded by the Wellcome Trust, knowing that they are likely to quote a small fragment of what is said in a long interview. We know that patients included in Dr Hopkin’s studies are delighted that the work has received this publicity. They, and I, are confident that the study of genetic disease, which is the concern of so many outstanding biomedical scientists today, will eventually lead to better treatments for diseases such as asthma, but none of us believes that we can confidently state when knowledge of the genetic basis of any disease will have this happy outcome.

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1 Smith R. Hype from journalists and scientists. *BMJ* 1992;304:730. (21 March.)

SIR,—Richard Smith is right to accuse some journalists and scientists of hyperbole.¹ It is not enough, however, to blame it on an “unholy alliance” of individual sinners from the professions of journalism and medicine.

At the root of the problem is the need for medical scientists to put across their findings to a public that is both ill informed about health and hungry for knowledge about it. In theory, with highly sophisticated techniques in science and journalism, this should be easy. But in practice it is increasingly bedevilled by mutual suspicion and stereotyping.

The solution is not, as Smith seems to suggest, that scientists should be more careful about what they say to the press; in reality this will mean that they will increasingly say nothing. Instead, attention should focus on more fundamental issues, such as understanding the structural reasons why this type of communication has failed and improving the standards of health education generally. Far from adopting a rule of silence, doctors should actively seek to understand the communication process and to improve their mass communications skills, which, alas, are often sadly lacking. The alternative, it seems, would be the re-establishment of a sorcerer élite, which is in nobody’s interest.

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1 Smith R. Hype from journalists and scientists. *BMJ* 1992;304:730. (21 March.)

SIR,—Richard Smith’s trenchant editorial on the media’s hype of the discovery of the gene for asthma¹ is particularly relevant because the science behind the finding, which is not new, is highly controversial.

The article in the *Sunday Times* not only failed to distinguish between atopy and asthma or to mention that adult asthma is usually not allergic. It also failed to mention that other workers have tried to replicate this work without success. The article appeared when virtually every British expert on allergy was at the annual conference of the American Academy of Allergy and Immunology in Orlando, Florida. It was picked up by other news media and beamed around the world, even making breakfast television in Orlando. “On the Monday morning,” said one conference delegate, “we woke up to hear of the ‘breakthrough’ on CBS news. Then we went into the conference and heard a paper that said the exact opposite.”² The paper was given by Professor Malcolm Blumenthal of the University of Minnesota, who said, “Our group is familiar with Hopkin and Cookson’s work, which

was published in the *Lancet* in 1988³ and 1989,⁴ saying that atopy was associated with the 11q chromosome. We duplicated—or at least tried to duplicate—their studies using the same probe and could not find any evidence for this linkage. We all feel there is a genetic basis for asthma, so finding the gene is of major importance. My prejudice is that it’s caused by more than one gene. However, the type of genetics involved and where the genes are, nobody has a good idea.”

Among Professor Blumenthal’s audience was Tak Lee, the National Asthma Campaign professor of allergy at Guy’s Hospital. He too has been unable to replicate Cookson and Hopkin’s work, and his group’s findings were in print for all to see before the report in the *Sunday Times*.⁵ He said, “In 1988 and 1989 the Oxford group made what at the time was a very important discovery of an autosomal dominant gene for allergy. This was interesting because genetic studies have been under way for years. Our group repeated their work because we wanted to see if the site of chromosome 11 also has an association with bronchial asthma. We had no reason to doubt that their work was correct. We did our work very carefully, used the same reagents and the same probe and a similar number of families, and we got a completely negative answer. It’s inexplicable: it’s not only that many of us can’t find the association, many of us can’t even find the band they are reporting.”

There are at least three other studies in press or being written up that also fail to confirm Cookson and Hopkin’s two papers. The only one that does confirm it, a Japanese study, found the association in only 10% of patients studied. As one expert said, “Allergy’s a common problem. If allergy is a major gene you shouldn’t need to exclude 90% of your subjects. Until the Oxford work is confirmed by more than one centre it’s meaningless.”

The hype angered American workers by claiming that the Oxford group’s work was done on far less money than comparable American research teams have received.

The scientists themselves have kept fairly quiet, being understandably reluctant to engage in what might be misconstrued as a slanging match. As a science journalist I have been alarmed at the way the hype over allergy invaded professional science publications and I am scandalised by the reluctance of science news editors to consider publishing a follow up article pointing out that the science itself is controversial. I am therefore glad to be able to report this controversy in the *BMJ*, albeit only in the correspondence columns. Otherwise the hype would succeed in lowering the already dismal public understanding of science.

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1 Smith R. Hype from journalists and scientists. *BMJ* 1992;304:730. (21 March.)

2 Roitman-Johnson B, Rich S, Greenberg B, Moberg D, Roberts S, Blumenthal M. Genetics of atopy [Abstract 492]. *J Allergy Clin Immunol* 1992;89:267.

3 Cookson W, Hopkin J. Dominant inheritance of atopic immunoglobulin-E responsiveness. *Lancet* 1988;i:86-8.

4 Cookson W, Sharp PA, Faux JA, Hopkin J. Linkage between immunoglobulin-E responses underlying asthma and rhinitis and chromosome 11q. *Lancet* 1989;i:1292-5.

5 Lympay P, Welsh K, MacCochrane G, Kemeny DM, Lee TH. Genetic analysis, using DNA polymorphism, of the linkage between chromosome 11q13 and atopy and bronchial hyperresponsiveness to methacholine. *J Allergy Clin Immunol* 1992;89:619-28.

Advice to authors

Priority will be given to letters that are less than 400 words long and are typed with double spacing. All authors should sign the letter. Please enclose a stamped addressed envelope for acknowledgment.