could occur by magic; implementation would entail major alterations in the structure of medical training in Britain. Inevitably some people would be less satisfied than others. But complacency and inertia are not the answers. The opportunity provided by the European Community's demands should be grasped in a positive way.

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1 Brearley S. Specialist medical training and the European Community. *BMJ* 1992;305:661-2. (19 September.)

Russian health minister's career

EDITOR,—I was pleased to see Michael Ryan's article about the difficulties facing health care in Russia,¹ but I wish to correct certain errors in my biography. I began to be involved in administrative work late, at the age of 60, when I became the director of the All Union Centre of Haematology; before that I had spent a long time as professor in charge of the haematology faculty of the Central Medical Institute for postgraduate training. As head of the health centre (polyclinic) in Volokolamsk I spent all my time on practical medical work, as I did during my six years managing the clinical department of the Institute of Biophysics.

I have never been a member of the Communist party, and Ryan's remark that "silence on [the fact of membership] is unsurprising" is, therefore, irrelevant.

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1 Ryan M. Russian report: priorities for the new health minister. *BMJ* 1992;304:563-5. (29 February.)

SI units still used in some American journals

EDITOR,—The *New England Journal of Medicine's* "retreat from SI units"¹ sparked an interesting response from Magne Nylenna and Richard Smith in the *BMJ*;² although we agree with many of their sentiments, there is one with which we must take issue.

Just because one prominent American journal has retreated from using SI (Système International) units because "conversion to SI units has not happened and is not going to happen in the foreseeable future,"³ and because the American pathologists and clinical community have not adopted SI units, there is no reason to doubt that many American journals will continue to use SI units. Some have stopped at the point to which the *New England Journal of Medicine* has retreated: dual reporting. The *Journal of the American Medical Association* and the 10 monthly journals published by the American Medical Association continue to use only SI units for most measurements. Exceptions are made on a case by case or test by test basis: when a value may be seriously misleading to readers dual reporting is used. *Annals of Internal Medicine* also continues to use primarily SI units, with a similar flexibility for dual reporting.

This educational process has borne fruit: in 1987 most American authors did not know what SI units were; now most report their data to us in SI units. Much progress has yet to be made. The American Board of Pathology's recent decision not to begin testing exclusively in SI units in their examinations in 1992 as was originally planned is evidence of another retreat (Howard Rawnsley, oral communication, August 1992).

But, in the face of retreat on some fronts, there is evidence of advance on others. In 1991 President Bush reinforced the Omnibus Trade and Competitiveness Act,⁴ which stated that "each Federal agency, by a date certain and to the extent economically feasible by the end of fiscal year 1992, use the metric system of measurement in its procurements, grants, and other business-related activities," with an executive order that gave new authority to the secretary of commerce to implement the act.⁵ A recent publication from the United States Department of Commerce cites further evidence of progress:⁶ "This year, 1992, is a special year in the implementation of the mandate. . . . More significant progress is being made by federal agencies in metric usage than has been made in any previous year. This will be viewed as a watershed year in the federal metrication process."

The journals have taken the lead in the United States in introducing SI units thus far,⁷ but re-inforcements—accelerated leadership from federal agencies—are at hand. This is not the time to retreat but rather to move forward together. The world is indeed one medical information village. As of this year, more copies of *JAMA* are distributed outside than within the United States.

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- 2 Nylenna M, Smith R. Americans retreat on SI units. *BMJ* 1992;305:268. (1 August.)
- 3 Omnibus Trade and Competitiveness Act of 1988. 100th Cong; HR4848, 1988. (Pub L No 100-418.)
- 4 Metric usage in federal government programs. 56 FR35801, 1991. (Executive Order No 12770.)
- 5 Carver GP. "A metric America: a decision whose time has come"—for real. Gaithersburg, Md: US Department of Commerce, 1992.
- 6 Lundberg GD. SI unit implementation—the next step. *JAMA* 1988;260:73-6.

Rubbishing colleagues in the media

EDITOR,—Tom Snow's report on the meeting of the Association of Broadcasting Doctors at the Royal Society of Medicine misrepresents those who attended with the serious intention of learning something about preventing disease by educating the public—in this case, through the mass media.¹

Firstly, Snow failed to determine that this was a joint meeting of the Association of Broadcasting Doctors and the GP Writers Association. Thus the non-broadcaster general practitioners who attended were not only "claiming PGEA attendance," they were genuinely interested in broadcasting; as it happens, only a minority of those present took up the certificates that were available for claiming the postgraduate education allowance.

As to Snow's perception of which group was most anxious to participate in the discussions and practical work, he is mistaken in thinking that the experienced broadcasters were to the fore—the reverse was the case, with members of the GP Writers Association queuing to role play and to participate in recorded interviews with the broadcasters, Margaret Howard and Jean Snedegar. Both interviewers truncated their tea break to accommodate the rush, and Jean Snedegar ran on some 30 minutes after time. (Incidentally, Snow's comment about members staggering "blinking into the sunlight of Wimpole Street" two hours after tea is invention: it was near dusk before we finished, and participants left in high spirits.)

Snow says that the chairman, Martin Hughes, "decided to change the next topic." Had he been

paying attention he would have understood that Martin Hughes and Brian Gunson, a respected public relations consultant, stepped in at the last moment to replace the BMA's public relations chief, Pamela Taylor, who had been taken ill. Brian Gunson, far from speaking "oleagiously" (a gratuitous insult on Snow's part) gave a frank insight into how the public relations industry works on behalf of the pharmaceutical companies. The criticism was not a barrage but came from one self confessed "mole" from a drug company unconnected with the meeting.

Fleur Fisher, from the BMA, spoke on stress precisely to her brief—the meeting had the title "Look after yourself . . ." and was concerned with protecting broadcasting doctors as well as educating the lay people listening to their broadcasts. Sarah Brewer spoke sympathetically about obesity and all its ramifications in the context of her extensive experience in practice and on phone in programmes dealing with the topic. She discussed the product of our sponsor, Servier, in context, concisely but comprehensively, and her presentation was warmly received.

Ironically, Snow, having noted in his article one piece of advice from another distinguished speaker, Roy Palmer, the secretary of the Medical Protection Society, about not "rubbishing your colleagues" on air, proceeded to do just that in print.

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1 Snow T. Air time. *BMJ* 1992;305:898. (10 October.)

London's medicine

EDITOR,—Stella Lowry states that about half of the nation's medical students are trained in London.¹ The correct figure is 29% [see correction, 10 October, p 854]; this is not disproportionate to the 25% of the United Kingdom's population who live in the four Thames regions, which are served by the London medical schools and their teaching hospitals. On the other hand, almost exactly half the nation's expenditure on peer reviewed medical research grants is in London. This highly developed skill in both basic and clinical medical research in London is an important national asset. It is one of the main reasons for the concentration of research based pharmaceutical companies in London and the south east and it is a major draw for both academic staff and postgraduate students from overseas. The specialised clinical skill that goes with this strength in research has been widely recognised at home and overseas. It brings outstanding medical care to British people and is one of the main reasons why so many fee paying foreign patients seek medical care in London.

It was the failure to recognise the strength of London medicine in research and teaching that was the main weakness of the King's Fund report.² To illustrate the excellence of medicine in London the university produced the document *London Medicine Together*,³ which I will send to any reader who is interested. The task of the Tomlinson inquiry is to accomplish any rationalisation of medical services thought necessary while maintaining the research and teaching base. The university will judge the inquiry's report on that basis.

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- 3 London University. *London medicine together*. London: London University, 1992.