Editing may ruin an obituary

EDITOR,—In common with many of Jim Raftery's friends, I was extremely disappointed by his obituary in the *BMJ*, which, after editing, did not portray him as I knew him.¹ Jim's setting up of one of the first successful deputising services in general practice in the late 1960s and early '70s was an enormous achievement. Instead of receiving accolades, however, he was criticised, although all general practitioners who used the service have acknowledged its tremendous impact. Jim was perhaps better known internationally than in Britain, but despite the lack of support from the establishment his department flourished. His contribution to ambulatory monitoring was vast: he was one of the first to record an arrhythmia on a cassette recorder and also perfected the technique of monitoring blood pressure and pulmonary artery pressure. He also contributed much to the development of methods for assessing drug effects on 24 hour ambulatory blood pressure. A final, important point about Jim was the enormous support that he gave to his staff.

Obituaries pose tremendous problems, for both authors and editors and for friends of the person who is being written about. The author treads a difficult path. In the *BMJ* most obituaries are written by a friend of the subject, yet how many of us know everything about our friends? Ask 10 friends of one person to write an obituary and you would probably get 10 quite different portraits, yet all of those friends would probably say that they knew the person well. Editors want readers to read all the pages in their journal and so they encourage authors of obituaries to show the subject "warts and all." Yet is that how the subject should really be brought to life—with his or her bad points emphasised?

Finally, and most importantly, the editing of an obituary—and particularly any shortening of the text, as was apparently thought necessary in Jim Raftery's case—requires immense thought and tact: deleting even one sentence may totally alter the way in which the subject is portrayed. The editor should remember that he or she knows nothing about the person, whereas the author knows a lot; perhaps some discussion over the telephone about proposed changes and cuts would avert problems, and perhaps proofs should be sent to the author.

Obituaries present problems for families, the authors, and editors; but Jim Raftery deserved better.

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1 Raftery EB. *BMJ* 1995;311:1296. (11 November.)

Rwanda needs visiting teachers and textbooks

EDITOR,—In Rwanda's genocide of 1994 most of the country's doctors were killed or went into exile. Sadly, some participated in the murder of their fellow citizens. Before 1994 basic medical cover was available throughout the country, supported by the churches; the country depended on Belgium for further medical education. Now many people have no access to medical services and the hospitals are functioning with no or few medical staff and negligible resources. Throughout the country hospitals that survived the actual war were vandalised and their equipment was wrecked or stolen.

The Central Hospital in Kigali is the national referral centre for all specialties. It now has one full time surgeon, a few orthopaedic sessions, and one physician. Some general practitioners work in the

hospital, and some army medical officers are now making a contribution. There is a pressing need for specialists who are prepared to visit for four to six weeks to teach specific skills to Rwandan doctors. Rwanda needs orthopaedic surgeons prepared to operate on difficult cases and to teach basic skills, gynaecologists to deal with massive vesicovaginal fistulas, and experts to teach the use of laparoscopy and both paediatric and adult bronchoscopy: the equipment is available, but nobody can operate it.

In Butare the medical school has reopened but has lost most of its equipment and has few textbooks. The University Hospital suffered badly in the war. The school started its first academic year in March 1995, as soon as a core of teachers could be identified. Students (15% of them women) are keen and have now started their second year. In an effort to lessen their dependence on the Francophone countries and in recognition of the fact that many returning exiles speak English rather than French, teaching is in both languages. Recent textbooks in English are desperately needed—basic science material in particular, though any medical material would be welcome.

Teachers of preclinical subjects who would be willing to teach (in English) a six week course in their own subject would be welcome. It is hoped that the Overseas Development Administration will pay travelling expenses for clinicians and teachers who are willing to help. Until more formal arrangements can be made I have agreed to co-ordinate offers of help.

Rwanda has achieved a remarkable degree of recovery, but without our help its medical services will continue to deteriorate.

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New college of paediatrics and child health is being set up

College must continue to be exclusively for medical practitioners

EDITOR,—Paediatricians will have their last opportunity to influence the future direction of their new college when its charter and bylaws are discussed for the first time at an annual general meeting in York on 17 April. We have the opportunity to determine that our medical royal college will be an equal partner in the Conference of Medical Royal Colleges.

The proposals in the charter submitted to the Privy Council by the British Paediatric Association will be damaging and divisive to paediatrics: damaging as the college will not be primarily an educational body for paediatricians, setting standards like the other medical royal colleges, and divisive as the title will perpetuate the myth that paediatrics and child health are separate subjects. Charter 3 (iii) states that the objective of the college shall be "to educate and examine those concerned with the health of children." Paediatricians form an important but numerically small proportion of those health care professionals and others concerned with child health. I can find nothing in the charter or the present bylaws that specifies that the president, honorary officers, or members should be registered medical practitioners and therefore subject to the educational, ethical, and conduct guidelines of the General Medical Council.

The medical royal colleges have recently been delegated new duties and powers with regard to specialist training through the General Medical Council. In conjunction with the Calman proposals, and as a result of continuing medical education, the new college will profoundly influence medical paediatric practice and consultant paediatricians. To command their confidence the college must be

medical and have standards comparable to those of the other medical royal colleges. All the other colleges are colleges of specialists, not colleges of a specialty subject.

We are in danger of allowing a third rate academic institution to be created, and paediatrics could be sidelined from the other medical royal colleges. The members of the British Paediatric Association have a choice to make this month. They need to hear both sides of the argument at the meeting in York. I hope that wiser counsels will prevail and that we can forge unity within a College of Paediatricians and ensure the highest professional standards for the medical care of children in Britain.

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British Paediatric Association's reply

EDITOR,—In response to James Appleyard's letter, these are the facts. After a referendum, in which a large majority voted in favour of the British Paediatric Association seeking college status, the draft charter and bylaws for a College of Paediatrics and Child Health were presented at the association's annual general meeting in 1994. They were approved by a massive majority. Last January the Privy Council indicated its intention to approve the charter and bylaws subject to minor alterations, about which it has given helpful advice. Altogether 95% of the 3500 members of the British Paediatric Association are career or trainee paediatricians. The association is to be transmuted into a college; the membership remains the same.

Other medical royal colleges have welcomed the development. Our new college will be a member of the Council of Medical Royal Colleges and also of the Statutory Training Authority. We will work closely with other colleges and other specialties for the benefit of medicine as a whole and for paediatrics in particular. We are determined to continue to raise standards of paediatric practice and of child health.

ROY MEADOW
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Advice to authors

We receive more letters than we can publish: we can currently accept only about one third. We prefer short letters that relate to articles published within the past four weeks. Letters received after this deadline stand less chance of acceptance. We also publish some "out of the blue" letters, which usually relate to matters of public policy.

When deciding which letters to publish we favour originality, assertions supported by data or by citation, and a clear prose style. Wit, passion, and personal experience also have their place.

Letters should have fewer than 400 words and no more than five references (including one to the *BMJ* article to which they relate); references should be in the Vancouver style. We welcome pictures.

Letters should be typed and signed by each author, and each author's current appointment and address should be stated. We encourage you to declare any conflict of interest.

Please enclose a stamped addressed envelope if you would like to know whether your letter has been accepted or rejected.

Letters will be edited and may be shortened.