our observations were incorrect, as Wilmshurst suggests.⁴

There are about 50 000 subaqua divers in Britain; about 15 000 would be expected to have a patent foramen ovale. About 100 episodes of neurological decompression sickness occur in Britain each year. A shunt will not necessarily result in decompression sickness, even in experienced divers.⁵

Published evidence suggests that a shunt may increase the risk of a diver developing some form of decompression sickness. This extra risk, however, is small.

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Author's reply

EDITOR,—Peter Wilmshurst suggests that I am sceptical of the role of a patent foramen ovale in the aetiology of decompression illness.¹ It is unfortunate that he should ascribe an erroneous personal view to my review, in which I aimed to give a balanced opinion for the benefit of readers who are not familiar with diving medicine.² The validity of Wilmshurst's findings (in cross sectional surveys) of "an excessive prevalence of shunts in divers who had neurological decompression illness" is not disputed—nor, indeed, is the concept of paradoxical gas embolism. This does not, however, prove cause. In the context of fitness to dive, Wilmshurst cannot deny that the international diving medical community is divided over the need to screen divers for patent foramen ovale. Since the need to screen for it is a matter of contention, my original statement over the role of patent foramen ovale in the pathogenesis of decompression illness remains valid.

In the commercial diving sector the reported incidence of decompression illness has fallen dramatically over the past decade to between 1/1500 and 1/2600 exposures.³ This has principally been achieved through regulation of working practices and statutory medical examination (which does not include screening for patent foramen ovale) of the workforce. Given that 25-30% of the general population is estimated to have a patent foramen ovale, this suggests that the contribution of paradoxical gas embolism to decompression illness is indeed small.

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Management of cervical dyskaryosis

EDITOR,—I wish to correct an error in Amanda Herbert's letter, in which she said that no fully invasive cancer occurred in the three studies confined to women with mild dyskaryosis.¹ She may have gained this impression because of misprints in table I of W P Soutter and Astrid Fletcher's paper, which were later corrected.²

In fact, seven fully invasive carcinomas of the cervix occurred in the Belfast study among women who were not lost to follow up³; a further three fully invasive carcinomas occurred in women who were lost to follow up. Four of the five women in the study by Fletcher *et al* who had fully invasive carcinoma presented initially with a mildly dyskaryotic smear⁴; the fifth had an inflammatory smear. Finally, the three women with fully invasive carcinoma of the cervix in the study from Bristol all presented with borderline smears that were judged to have been less worrying even than a mildly dyskaryotic smear.⁵

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Summary boxes in papers must be accurate

EDITOR,—It was disappointing that the summary box in Robin S Howard's article on recent advances in neurology did not reflect accurately the text of the article.¹ I refer to the use of the drug interferon beta: the article makes clear that there is doubt about the design of the study testing the efficacy of the drug in multiple sclerosis, whereas the summary box makes a categorical statement of the drug's efficacy.

On the assumption that the summary box is intended to provide information for rapid readers it seems essential that this should be accurate, particularly when new or expensive treatments are proposed.

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1 Howard RS. Recent Advances: Neurology. *BMJ* 1994;309:392-5. (6 August.)

Airline's magazine promotes tobacco products

EDITOR,—British Airways dealt in its usual way¹ with Naomi J Fulop and Martin McKee's criticism of its apparent endorsement of tobacco products² in its *Business Life* magazine.³ It always acts within the law and, using its corporate public relations machine, is able to justify its actions whenever required, however unethical these may seem to *BMJ* readers. Fulop and McKee described only

one example of the apparent promotion of tobacco products by the airline industry; another is more serious and blatant.

In British Airways' *In Flight* magazines tobacco advertisements carry no government health warnings, even on domestic flights. This might be thought to infringe the voluntary agreement on tobacco advertising but does not. The voluntary agreement states that newspapers, magazines, supplements, and periodicals printed or published in the United Kingdom should carry health warnings except for those whose circulation within the United Kingdom is less than a fifth of their total circulation, those published by the tobacco trade, and those published for shipping or airline passengers.

I and colleagues have written to complain, to both British Airways and the government, about this unhindered promotion of tobacco products. The government's response was simply to restate the terms of the voluntary agreement. British Airways' response emphasised three points: that no laws are being broken; that, in response to feedback from customers, British Airways has made all domestic and many European and short haul flights non-smoking; and that its policy with regard to in flight sales and advertising is to offer as wide a consumer choice as possible.

It is a curious paradox that an airline committed to introducing smoke free flights should at the same time facilitate the promotion of a lethal carcinogen in this way. Perhaps it has something to do with the fact that British Airways also profits enormously from in flight sales of tax free tobacco products—which, incidentally, it also advertises without health warnings on all its flights, including domestic flights, where tax free shopping is not available.

The government has established an interdepartmental committee as part of the health of the nation initiative to look at how government departments can work together to achieve public health goals.⁴ I hope that it will not shy away from investigating and tackling such conflicts of interest between profit and public health.

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Osler, not George Bernard Shaw

EDITOR,—The penultimate sentence in M K William's brief article is wrong.¹ George Bernard Shaw may well have wanted to stimulate the phagocytes, but it was Sir William Osler who said: "The desire to take medicines is one feature which distinguishes man, the animal, from his fellow creatures." This is to be found in Osler's lecture entitled "Teaching and thinking," given at the McGill Medical School on 1 October 1894.² Interestingly, it is misquoted in the fourth edition of the *Oxford Dictionary of Quotations*.

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