reviews

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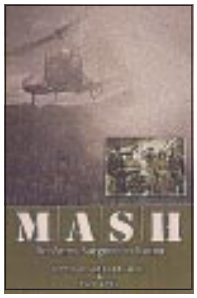
MASH: An Army Surgeon in Korea

Otto F Apel, Pat Apel



University Press of Kentucky,
£23.75, pp 240
ISBN 0 8131 2070 5

Rating: ★★★

Few truly realise the damage that war can create. The media offer a fireside version of conflict, as if it is taking place in a distant land without any involvement by the observer. Real life is so different, as this book capably shows. *MASH* is written by a father and son duo. It is not a textbook, nor does it claim to be. It is, however, a well written description of one of the original MASH surgeons in the Korean war. You need to be neither doctor nor surgeon to enjoy it, as the book is written simply and clearly for all to understand.

Upwards of 100 surgical cases a week could pass through a MASH (mobile army surgical hospital), and the medical staff lived in primitive surroundings within earshot of the conflict. Dr Apel describes the scene of the surgeon at war so well, with feet swollen and sore after up to 80 hours of continuous operating. The reader is spared nothing, and at times I shared with the authors an understanding of the emotional effect medical work in a war zone can cause.

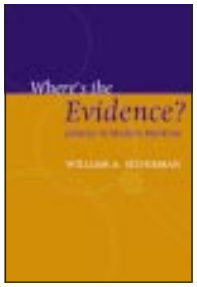
The narrow mindedness of the military hierarchy leaps out when Dr Apel first started to use vein grafts to salvage avascular limbs. In the Korean war such grafts were against army policy, and court martial for disobeying such a policy was not an idle threat.

The last fifth of the book slows down, but until then it had me gripped. Many of the episodes described by Dr Apel appeared in the successful television series *M.A.S.H.*, albeit in more humorous form. It is a long time since I have enjoyed a book so much. It has opened my eyes to a war about which I knew little. I commend *MASH* to you most highly. You think the NHS is hard work? I suggest you read this to learn what surgical stress can be.

Richard N Villar, *consultant orthopaedic surgeon, Cambridge Hip and Knee Unit*

Where's the Evidence? Debates in Modern Medicine

William A Silverman



Oxford University Press,
£39.50, pp 278
ISBN 0 19 262934 4

Rating: ★★★

At first glance, a collection of short essays originally published under the nom de plume "Malcontent" in an unfamiliar journal—*Pediatric and Perinatal Epidemiology*—with the intention of allowing the author the opportunity to vent his spleen whenever he felt the need does not seem promising material for a book intended for general readers. However, preconceptions are soon set aside. This book reminds me of Alastair Cooke's classic radio broadcasts "Letter from America." Like Cooke, Bill Silverman has the ability to select a topic that you didn't know you were concerned about, capture your interest with an intriguing introduction, and then hold your attention with an avuncular, reflective, and civilised commentary.

The title of the book is misleading (the subtitle more so; on the title page it reads "Controversies in Modern Medicine," on the jacket it is "Debates in Modern Medicine"). "Where's the evidence?" implies that the focus of the book will be on evidence based medicine, a promise reinforced by the publisher's blurb. Although Silverman has a passionate and well argued belief in the primacy of evidence, in particular for well conducted randomised controlled trials, there are no 2×2 tables, odds ratios, or relative risk reductions in sight. He is mainly concerned with the consequences of the decisions doctors make, and their implications for society as a whole and for patients in particular. He explores the grey area where evidence ends and ethics begin. His personal philosophy is, I suspect, summarised by the quotation from Claude Bernard that he selects to begin his introduction: "Science teaches us to doubt and, in ignorance, to refrain."

The themes he chooses are universal. How do we know if and when to intervene? Is the goal of medicine to prolong life or improve its quality? If those goals clash who should make decisions about treatment, the healthcare professionals or those patients and families who will be left to pick up the pieces? A gem of a quote from an anti-war song summarises the debate:

> Once the rockets are up, who cares where they come down?
> 'That's not my department,' says Wernher von Braun.

Most of the essays relate to neonatology, and the ability of neonatologists to resuscitate ever smaller babies. "Can we" clashes with "Should we" when some parents are left alone with the awesome challenge of coping with a severely handicapped child. If that sounds too narrow a focus, don't let it put you off. All the themes are readily generalisable to medicine as a whole and relate equally as well to a geriatric unit or a general practice surgery.

Each essay is short, usually not more than two or three pages, and to the point. You can pick up the book, dip into it, and put it down again without losing the thread of any argument. Inevitably for an author concerned with the pros and cons of the resuscitation of tiny babies, some of the topics are repetitive, but always with a fresh slant. In particular, ethical issues are dealt with head on throughout the book, and, happily, Silverman avoids the polysyllabic fence-sitting beloved of professional ethicists.

A feast of quotations, a sense of humour, and pointed but gentle challenges to conventional wisdom. If this is Silverman's valediction as he enters his eighth decade I, for one, will miss him.

Tony Dixon, *professor, Family Medicine Unit, University of Hong Kong*

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"Butchers and gropers"

From dangerous to salacious, the medical profession's indiscretions have been repeatedly laid bare in this Annus horribilis. Wisheart, Dhasmana, Ledward, Walmsley, and others have been named and shamed. They are probably only the tip of the iceberg. Horror stories of medical incompetence, arrogance, and libidinousness have filled newspapers; broadsheets and tabloids have been united in their condemnation of a profession unable to regulate itself except when it's too late.

Dodgy docs

Did you hear the one about the dodgy heart surgeons with the highest death rate in the country? Or the one about the gynaecologist who dressed in riding pants and told his patients that it was just bad luck that he'd bungled their operations? The fastest gynaecologist in the south east, he called himself. Then there's the dirty old GP who loved examining his female patients' naughty bits—unnecessarily. And the psychologist who mixed psychoanalysis with sex. And the physiotherapist who knew exactly where he wanted to stick his acupuncture needle. Even Caligula would have blushed, but the press have feasted daily on the medical professions' misery: sex and violence sell. Nurses are good, doctors are bad; patients are pure, doctors are evil.

It started with the Bristol inquiry in May. Cardiac surgeon James Wisheart and former chief executive Dr John Roylance were struck off by the General Medical Council after it was revealed that 29 of the 53 children operated on in Bristol between 1988 and 1995 had died—far higher than the national average. Consequently, the press were well prepared when the latest spate of medical blunders was revealed.

The *Sun*, not known for a principled stand on matters of equality, cottoned on to the fact that the medical perpetrators were men and that most of the victims were women: "How can a woman ever trust her doctor again?" asked the *Sun* on 18 November. "What the hell is going on? Countless women have suffered mutilation, horrifying internal injuries and been psychologically traumatised," screamed health correspondent Lisa Reynolds. "These cases did not occur in some oppressive foreign country, with the innocent victims tortured by ruthless sadists. This is Britain today. And the damage was done by the people women should be able to trust the most—their doctors."

The *Sun*'s own Dr Rosemary informed us: "I have seen male doctors like this who behave like gods—arrogant, self-righteous and with a cavalier attitude to women." She finished by helpfully providing the GMC's telephone number in case readers felt their doctor needed disciplining.

Rodney Ledward and Gerald Walmsley were the prize scalps of autumn. Ledward, the self styled "fastest gynaecologist in the South-east" was struck off by the GMC in September after he, in the *Mirror*'s words, "made hundreds of women suffer in a 16-year catalogue of incompetence."

The "butcher"

Jeremy Laurence explained the gravity of Ledward's misdemeanours in the *Independent*: "In a medical scandal that is being described as potentially worse than the Bristol heart babies tragedy, more than 100 women may have been injured by an incompetent surgeon who was allowed to continue operating unchecked for more than a decade." The GMC's case hinged on 10 serious errors over a seven year period, but over 40 women are now thought to be considering legal action.

Indeed, more than 250 women gathered at a public meeting in Folkestone to vent their anger and to demand a public inquiry into how Ledward—"the butcher" or "the ripper" as the press had dubbed him—managed to continue operating for so long without disclosure of his mistakes. The *Daily Telegraph* reported how Natasza Lambert, a private patient, had been appalled when Ledward conducted his postoperative ward round wearing riding gear and reeking of alcohol. "My husband told him to leave," she said. "Are you telling me that no-one else at the hospital saw him and no-one knew what was going on? There has been some sort of cover-up surely." The *Independent* revealed that Ledward had been in charge of clinical audit for obstetrics and gynaecology at the William Harvey hospital in Ashford, Kent.

Undoubtedly, he was public enemy number one. "He ought to be castrated," a furious patient told the *Sun*. "I'd like to string him up and cut him to bits," said another. "Sacked surgeon went to work in Kuwait hospitals," fumed the *Daily Telegraph*, for a mere £6000 a month, tax free salary. But a Ledward never changes his spots: "He was rude and arrogant in dealing with patients and was particularly offensive about Kuwait, the Muslim faith and, most seriously, women in general." No surprise then that the *Daily Telegraph* claims he is also facing legal action in Kuwait.

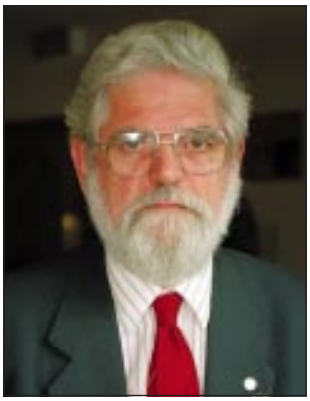
A "perfect" gent

If Ledward was "incompetent and irresponsible," Gerald Walmsley was described by some of his patients as a "perfect gentleman." That was the problem. Walmsley thrived on his image as a trustworthy family practitioner. "Police yesterday praised the bravery of eight women who had the courage to relive sexual ordeals inflicted upon them by their family doctor and to see him jailed for 3½ years," reported the *Times* on 18 November. "For 17 years Gerald Walmsley had preyed on young female patients at surgeries in Yorkshire and Kent as he subjected them to indecent assaults on his consulting room couch."

"Why did justice take 6 years?" asked the *Daily Mail* as it scooped the story of Emma Harrison. Ms Harrison disclosed: "I was hurt by what he did to me. But the pain of not being believed, even by my family, was worse." The delay was unacceptable according to the *Daily Mail*: "For years, she carried her burden in silence. Then last year, the authorities finally acted after a third allegation was made against Walmsley by


SWNS

Struck off: James Wisheart


PA/EDI

Struck off: John Roylance


CURTIS/PA

3 year ban: Janardan Dhasmana


ROUSSEAU/PA

Struck off: Rodney Ledward

one of his female patients at his Tunbridge Wells surgery. It later emerged that another patient had accused the doctor of sexual assault a month after Emma, but again her warning was ignored."

In the dock

Ledward and Walmsley aside, doctors were on the run—and they needed to be—as another day delivered another scandal. "Out for a stroll … the doctor who won £½m for pricking her finger and being scared to go out into open spaces" (*Sunday Mirror* 1 November), "3 more patients of murder charge doctor to be dug up" (*Sunday Mirror* 8 November), "Exposed: the bogus doctor of Harley St" (*Evening Standard* 9 November), "Doctor accused of two more patient deaths" (*Guardian* 13 November), "'Scandal' of sex abuse doctor free to practise" (*Guardian* 14 November), "HRT doctor is struck off" (*Daily Telegraph* 14 November), "Hepatitis scare doctor worked on after blood test" (*Scotsman* 18 November), "Second doctor faces retraining" (*Scotsman* 19 November), "New scandal as 30 women say: doctor bungled our ops" (*Sunday Mirror* 22 November), "Psychiatrist suspended over patient's claim of an affair" (*Guardian* 24 November), "Family to sue over cancer surgery death" (*Birmingham Post* 24 November), "Dr Danger is back" (*Mirror* 25 November), "GP is convicted of killing woman with migraine injection" (*Daily Telegraph* 27 November).

A world of dangerous and dishonourable doctors had been revealed, and they weren't getting away with it any longer. "It's time to deal with those dodgy doctors, Mr Dobson," exhorted Jill Palmer, the *Mirror*'s medical correspondent. "We need a system to regulate doctors which is both open and accountable, an independent body accessible to patients, pressure groups, and other doctors."

Others went further. "Hands out!" ordered Deborah Orr in the *Guardian*. Recalling the United States in the 1950s, when women were advised to have caesareans to "keep your passage honeymoon fresh," Orr had a simple remedy: "If some over-qualified, under-equipped chappie is telling you that this will be good for your sex life, then tell him to stick his advice in the only place—in his case, but not yours—where the sun doesn't shine. Gynaecology is a job for the girls. We're the people." Suzanne Moore in the *Mail on Sunday* wanted revenge: "Lie back doctor, this might hurt a little…." The *Sunday Mirror* argued that there should be "no hiding place for medical bunglers" and that "the quicker there is an international register of medicine's rogue practitioners the better."

Naming and shaming

Health minister Alan Milburn resisted proposing castration as a punishment but warned on 19 November that "Bad doctors should no more expect to be employed by the health service than bad teachers should expect to be employed by the education service." They would be "named and shamed," he said.

All were agreed that doctors needed to be more accountable. The *Guardian* was encouraged by reform of the GMC and the establishment by the government of the Commission for Health Improvement: "The most encouraging development is the readiness of some current medical leaders to change their traditional secretive culture.… Self-regulation has an unhappy history, but now that it is supported by independent monitoring, it should be given one last chance."

The *Daily Telegraph* sympathised with the "doctors' dilemma" and pointed out that a recent opinion poll had "revealed that doctors remain the most respected of all professionals." Alan Milburn had given the *Daily Telegraph* an opportunity to attack New Labour: "The announcement takes even further its undermining of the medical profession's independence. The danger with this route is that British medicine will lose the virtues of its status as a profession. Professions develop their own self-respect and standards. The practitioners are usually the best judges of each other."

Understanding, please

Most of the media had decided that doctors were unable to adequately regulate themselves and protect patients. But Dr Ian Bogle, chairman of the BMA's council, disagreed and wrote in the *Independent*: "The way doctors conduct their work and perform is best assessed by the people doing the same job." He wanted whistleblowing to be "rendered obsolete" and dangerous doctors to be "quickly identified and helped." Dr Theodore Dalrymple fought back harder in the *Daily Telegraph*, warning: "Government can damage your health." Medical perfection is an impossible dream, he argued: "Doctors now feel they are living in a Kafka-esque world of constant and all-pervasive, but largely anonymous, accusation." Little wonder then that, according to BMA figures, a third of doctors would not choose medicine if they were starting their careers again.

Why now?

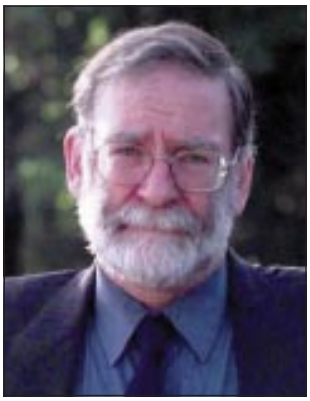
Most doctors remember missing a pneumothorax or a perforation, misdiagnosing indigestion instead of a heart attack, giving a patient a clean bill of health only for them to come back with something serious. The sins of Ledward and Walmsley, however, are examples of deeper abuses of patients' rights.

Certainly an increasingly aware and litigious society has less fear of challenging doctors' practices than in the past, but why the sudden rash of medical scandal? It may be an inevitable consequence of the medical profession's vulnerability in the wake of the Bristol inquiry, with the media digging up more and more juicy morsels for their avid readers. It may be a fundamental change in the profession's relationship with the media—doctors are now fair game like everyone else. Or it may, and most improbably, be just chance. Why are most of the accused male? And most of the victims female? Are physicians and psychiatrists more likely to get away with misdemeanours because their treatments are less obviously brutal than surgery?

Whatever the underlying reasons, the media hounds are charging, with their increasingly shambolic quarry diving for cover. We already have a dangerous dogs act; lawyers seeking to prosecute dangerous docs will be rubbing their hands.

Kamran Abbasi, *BMJ*

Indecent assault: Gerald Walmsley



Alleged murders: Harold Shipman

Bogus doctor: Bogdan Luklinski

Manslaughter: Meer Abdul Raheem

BOOKCASE

● If you're planning an unusually adventurous holiday, consider packing **Expedition Medicine** (Profile Books, £17.99, ISBN 1 86197 040 4) in your rucksack. Always doubtful about what to do if bitten by a snake, I turned to the relevant chapter. Apparently, poisonous snakes strike only at a moving object. So if you inadvertently corner one, keep still and wait for it to slither away. David Warrell, the author of this advice, admits that this course of action requires sang froid. Or is he referring to the reptile?

● As Alan Langlands, NHS chief executive, writes in the foreword of **A Textbook of Management for Doctors** (Royal Society of Medicine Press, £45, ISBN 0 443 05158 5), management is not an optional skill for clinicians. English, on the other hand, seems to be an optional language for managers. This book contains some good things—among them a chapter by Tim Albert on effective writing. A pity that some of the other authors didn't read it before completing their own contributions.

● There has been a revolution in the quality of the statistical analysis of biomedical research in the past decade. Many specialist journals now require statistical review of manuscripts before publication. **Statistical Analysis of Medical Data—New Developments** (Edward Arnold, £29.99, ISBN 0 340 67775 9) is not an introductory text, but doctors unafraid of a little algebra may pick up something of the newer techniques that are now being applied to medical datasets.

● Nicolai Korotkoff discovered his famous sounds while working as a military surgeon during the Russian-Japanese war. The paper he presented to the Imperial Military Medical Academy of St Petersburg in 1905 met with scepticism. Of course, the old guard was wrong; it was a milestone in the measurement of blood pressure. This is just one episode in a long history of controversies told in **Blood Pressure Measurement—An Illustrated History** (Parthenon Press, £38, ISBN 1 85070 013 3).

● Fat, whether dietary or adipose, is a modern preoccupation. In **The Fats of Life** (Cambridge University Press, £12.95, ISBN 0 521 63577 2), Caroline Pond takes a broad biological view of lipids and fatty tissues. The book ranges from the production of foie gras to the functions of lipid messengers such as prostaglandins, leukotrienes, and thromboxanes.

● The **Oxford Handbook of Sports Medicine** (Oxford University Press, £19.95, ISBN 0 19 262890 9) packs in a huge amount of information—all presented in self contained, bite sized quantities. It seems to cover everything from the epidemiology of sporting injuries and psychology of peak performance to tennis elbow and dysbaric osteonecrosis.

Christopher Martyn, *BMJ*

FILM

The Knowledge of Healing

Director Franz Reichle

89 minutes, at selected cinemas around Britain

Rating: ★★★★

It would be unwise to dismiss the ancient and comprehensive healing tradition embodied in today's system of Tibetan medicine simply because diagnosis and treatment seem strange and the beautiful texts are obscure, for the lack of controlled clinical trials, or because of the Buddhist emphasis on spirit as well as body and mind. It would be additionally foolish to ignore it given its successes with chronic illnesses regarded in the West as incurable. Such, at least, was the view of Karl Lutz, a Swiss drug manufacturer who began bulk production of Tibetan medications in Europe.

ARTIFICIAL EYE

Franz Reichle's beautiful and engaging film seeks, with evidence from key players, to persuade us that Lutz was essentially right. Filmed in Dharamsala (the Himalayan seat of the Tibetan government in exile), in Ulan Ude, Siberia (where the tradition flourishes alongside Western practice and takes on its incurables), in Switzerland, Vienna, and Jerusalem, the film seamlessly unfolds parallel tales of investigation and discovery, of advanced cancers and arterial diseases in remission, and, above all, of compassion and hope.

We hear of imbalances in the body's humours of earth, fire, and wind. We are shown related methods of assessment, diagnosis, and treatment: taking the triple pulse, inspecting the urine, meridian line diagrams, cupping, moxibustion (heating of acupuncture points), and restorative concoctions of up to 28 carefully selected ingredient herbs, roots, and minerals. But it is not only these which fascinate; it is also, and especially, the people.

Endearingly wise and humble, one unlikely hero of the human drama is an elderly monk-physician, Dr Tenzin Choedrak. Now doctor to the Dalai Lama (who also appears), he was imprisoned and tortured by the Chinese authorities in Lhasa for years before his release and escape to India.

There is complete reverence and respect both ways between Tibetan doctor and patient. The attempt to understand and to relieve suffering is in that context a humble and holy undertaking, beneficial to all parties, whatever the outcome. Lutz was probably right, and there are values being lived out which would repay a comprehensive revisit from the West. This is a moving, thought provoking, and surprisingly enjoyable film.

Larry Culliford, *consultant psychiatrist, Community Mental Health Centre, Brighton*

@ www

WEBSITE OF THE WEEK

http://www.Bristol-Inquiry.org.uk/bristol.htm The raw data about the Bristol paediatric cardiac surgeons wasn't easy to interpret for the General Medical Council, which took a record 65 days to deliver a verdict on the surgeons involved. Now the broader inquiry is to begin. Its proceedings will be on line at its website, and its preliminary hearing generated 14 000 words in a morning, a file of about 120 kb.

Still, open access to information does provide strength to the consumer. In the United States, fee for service payments provide incentives for doctors to intervene even when their caseload is too low in volume to sustain the necessary expertise. But if you are a patient looking for a surgeon in New Jersey you can see comparative mortality data for individual surgeons at http://www.state.nj.us/health/hcsa/cabgs.htm. The UK effort lags behind, but you can see some aggregated data on cardiothoracic surgery at http://www.ctsnet.org/section/outcome/. At http://www.docboard.org/AIM.HTM you can browse for a doctor by zip code and state. In some states, such as Massachusetts, the number of malpractice suits found against each doctor, and the amount paid in damages, is also available, surrounded by cautions about interpreting these rare events.

How long will it be before British patients have access to this kind of information? The GMC has yet even to publish its register on line, although this is promised to be on the way. As it stands, its site (http://www.gmc-uk.org/) is a kind of virtual brochure, with fun shockwave animations and downloadable versions of its various guides and press releases. Its What's New section is perhaps the best value, a trove of cautionary tales from the professional misconduct hearings.

Douglas Carnall
dcarnall@bmj.com

PERSONAL VIEW

Fatal episodes in medical history

When I read about the deaths of children as a result of paediatric cardiac surgery in Bristol I was reminded of the deaths of patients from so called "deep sleep" in the Chelmsford Private Hospital in Sydney. Deep sleep was toxic coma for two to eight weeks in patients with intractable psychiatric conditions; about 40 deaths were associated with the treatment. The 1990 Royal Commission into Deep Sleep credited me with being the person who stopped the treatment.

Both events involved several powerful medical men who were beyond reproach and prominent in the medical world. Not even the increasing number of deaths worried them or their colleagues, who made various rationalisations to explain the "unfortunate" luck of these specialists.

The professional isolation of the doctors in Sydney became apparent only after the royal commission. They were working in a private hospital with no one to question them except nurses, who in those days were not in a position to do so. Even if they had been in a public hospital, as in Bristol, I doubt whether they would have been questioned because of their seniority and ability to give plausible answers. Nurses in Chelmsford had to leave to escape the horrors and it would be interesting to know if the same thing happened in Bristol.

In Bristol and Sydney the deaths went on with alarming frequency, each death a tragedy and each explained away in the language of the medical profession, which implies scientific truth and inevitability.

At this stage a fresh mind happened to focus on events. In Sydney I did not have all the problems that Stephen Bolsin had in dealing with statistical evidence. A final shock to other doctors was needed to stop the offending treatment. I immediately called a meeting of the other doctors and told them of the hidden deaths. Dr Bolsin was called a whistleblower; he is now working in Australia, and has received threats about returning to work in Britain.

The General Medical Council in the Bristol case and the royal commission in the Sydney case verified the whistleblowers' concerns. In my case there was a sense of relief in being able to clear the air, especially with my colleagues who had sympathised with the two doctors involved in the deep sleep treatment.

> It is simply a respect for truth and human life and being unwilling to tolerate injustice

The outcome for the doctors involved in Sydney was that one committed suicide and the other was eventually deregistered for other reasons. The fallout for medicine and psychiatry has been worse. The complaints unit of the health department has become an empire and there is a steady increase in the number of civil actions for negligence against doctors. Rules for the maintenance of professional standards and peer review have become very important in Sydney. Although a safe treatment, electroconvulsive therapy was badly hit as patients associated the treatment with events in Chelmsford.

Britain needs to be wary of this overreaction, but how are we to prevent a repeat of Bristol and Chelmsford? On the one hand there is the need to protect the community against misconduct by doctors and on the other to maintain a genuinely innovative approach to medical practice and not stifle it with zealous legal constraints. But whatever the blunt instrument of the law it will not stop these fatal episodes in medical history. Peer review and continuing medical education are a start, and a critical and confronting attitude needs to be established in medical students' training.

People have asked what the difference is between Dr Bolsin and me and other doctors who wait for something to happen. The royal commission called it courage and forced a reluctant Australian Medical Association to issue me with a certificate for "outstanding services to psychiatry." I like to think that it is simply a respect for truth and human life and being unwilling to tolerate injustice. Is this so hard to encourage in students and young professionals? (See *Editorial* by Smith and pp 1577 and 1592-3.)

Brian Boettcher, *consultant psychiatrist, Sydney, Australia*

Could you write for "Soundings?"

The *BMJ* is holding a competition for new contributors to this column. Send one article (400 words, double spaced) plus outlines for a further three to: Soundings Competition, *BMJ*, BMA House, Tavistock Square, London WC1H 9JR by 8 January 1999. The winner will be asked to contribute regularly for at least six months, at a fee of £150 for each article. Overseas contributors are specially welcome.

SOUNDINGS

Lord Reith and I

He was bigger even than I expected, well over six feet though then almost 80: a vast crag of a man, slow moving but upright, the famous shrapnel scar in his left cheek still deep after more than 50 years.

The occasion was one peculiar to the ancient Scottish universities: a rectorial installation. Malcolm Muggeridge had been our candidate. The founding father of the British Broadcasting Corporation was his guest. And—probably because I was a medical student and might therefore know what to do if he died—I had been detailed to look after Lord Reith.

He was solemn and uncommunicative, politely tolerant of my shepherding him through the ceremony and to his car afterwards. When he grunted his thanks I had a vague feeling that he was expecting me to stand to attention and salute. Duty done, I rejoined the team for the serious business of the day, the traditional wallow in University Union beer.

Almost 20 years later he cropped up again, at least in spirit. With a BBC script editor I was working in Edinburgh on a television drama series about the horrors and consolations of junior medical life. The oak table at which we sat bore a small brass plate to the effect that it had once served as the desk of one John Reith.

Our script probed the limits of the BBC's then current concept of decency, and we knew it. If the spirit of Lord Reith objected to this desecration of his desk it failed to say so at the time. But Reithian values descended soon enough. Postproduction, our efforts evoked outrage from on high. Fifty minutes of expensive filming, including a fair amount of pubic hair, hit the cutting room floor. Sorry sir, point taken.

I thought of him again a couple of weeks ago. Invited to a BBC seminar, I arrived—very much the token Scot and something of a country mouse—in the council chamber of Broadcasting House. There were a lot of grey suits, and only one face I knew: Lord Reith glared down from a portrait dominating the room.

In the seminar his successors grappled honestly with the uncertainties of political change and technological revolution. I love the BBC, and dearly hope that it gets it right. But if it doesn't may God save it from the wrath of Reith.

Colin Douglas, *novelist and doctor, Edinburgh*