

Letters to the Editor

Please e-mail letters for publication to Dr Kamran Abbasi [kamran.abbasi@rsm.ac.uk]. Letters should be no longer than 300 words and preference will be given to letters responding to articles published in the *JRSM*. Our aim is to publish letters quickly. Not all correspondence will be acknowledged.

Taking the lead against Reed Elsevier

I was pleased to see that the *JRSM* Editorial Board has taken a responsible stance, condemning Reed Elsevier's involvement in dubious arms fairs (*JRSM* 2007;100:113).¹ It has needed the actions of the Joseph Rowntree Charitable Trust to make this clear conflict of interest newsworthy once again, and I will be interested to learn whether recent articles in the *Lancet*,² *BMJ*³ and *JRSM*⁴ affected Reed Elsevier's AGM in London on 17 April.

In his Editorial (*JRSM* 2007;100:114–115), Richard Smith calls for a coordinated campaign to instigate change and asks who will take the lead.⁴ Among medical students, this position is being taken up by Medsin's Global Health Advocacy Project (www.medsin.org/ghap).⁵ This student group, whose annual conference last month attracted some 400 student delegates and included *Lancet* editor Richard Horton as a guest lecturer, forms a strong body of internationally aware future health professionals. GHAP members at various medical schools are writing to their course lecturers and authors of popular undergraduate textbooks requesting that they write to Reed Elsevier stating that they will not enter into further contractual agreements with them unless it ends its association with the arms industry.

Similar action is being considered within the Royal Society of Medicine by several committee members of the Student Members Group, who consider that the RSM, honoured with leading academics in all medical branches, would be suitably placed to carry the baton of orchestrating such a campaign. It is not often that we, as medical professionals, are in such a privileged and powerful position as to be able to enforce a global company to divest of its arms business: the RSM should take a lead.

Competing interests EA is the Imperial College School of Medicine Representative to the RSM Student Members Group and a member of Medsin.

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on behalf of the Global Health Advocacy Project

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4 Smith R. Reed Elsevier's hypocrisy in selling arms and health. *J Roy Soc Med* 2007;100:114–5

5 Medsin. Reed Elsevier and the arms trade revisited. *Lancet* 2007;369:988–9

Population growth and the MDGs

Reviewing DIFD's contribution to international health, Cindy Carlson¹ (*JRSM* 2007;100:34–37) points out that DIFD's draft priority areas include 'accelerated efforts against the off track MDGs.' In January 2007—after the Carlson article was written—Parliament's All Party Group on Population, Development and Reproductive Health launched a landmark report titled *Return of the Population Growth Factor: Its Impact on the Millennium Development Goals*.² Based on extensive hearings with experts and agencies working in the field, the inquiry chairman Richard Ottaway MP concludes, 'The evidence is overwhelming: the MDGs are difficult or impossible to achieve with the current levels of population growth in the least developed countries and regions.' The report recommends increased investment in international family planning, and also removal of the wide range of barriers that all too often separate individuals from the information and services they need in order to decide when to have a child.³

The written evidence from DIFD states that 'Sustained high fertility rates and rapid population growth could for some countries pose obstacles to poverty reduction as serious as that from HIV and AIDS.' It documents the key role that access to family planning makes in reducing infant and maternal mortality, and points out that even in the field of HIV/AIDS, 'family planning offers an effective way of reducing the number of cases of vertical transmission.'⁴

Steven Sinding, Director General of the IPPF, told the hearings that since the 1994 International Conference on Population and Development there has been 'a taboo about population.' The report puts pay to this taboo. All the witnesses, like Christine McCafferty MP, Chair of the All Party Group, framed family planning in a 'human rights perspective.' It is to be hoped that *Return of the Population Growth Factor* will chart a new course for DIFD, but also for all international donors.

Competing interests MP was an expert witness to the hearings held by the All Party Parliamentary Group of Population, Development and Reproductive Health.

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Ankle brachial pressure index

I was interested to read Dr Jones's response to your article in respect of ankle brachial pressure index (ABPI) (*JRSM* 2007;100:4–5 and 117). Sadly, I'm not surprised he doesn't know how to use a doppler.

My first job after qualifying at the beginning of the 1980s was as a surgical assistant in a vascular surgical unit in Germany. There were five of us and each of us, as well as the five Senior Registrars, were equipped with our own hand-held doppler machines. Each ward, of which there were two, also had its own doppler. These were used to assess patients prior to and after their surgery.

I unfortunately returned to this country in 1987 and have worked in several District General Hospitals in the Yorkshire region. It never ceases to amaze me that in each of these hospitals, all involved in vascular surgery, there is only one example of this fairly cheap, user-friendly equipment—which has a high specificity and sensitivity—which is usually guarded like the Holy Grail by the senior sister of whatever department in which it is based.

I have always seen this as an expression of the abject poverty in which the public health service in this country is kept.

Competing interests None declared.

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The Miracle at St Alfege's: seventy years on

The account by Michael Lee of the response of a single patient with myasthenia gravis to physostigmine, as reported by Mary Walker in the *Lancet* in 1934 (*JRSM* 2007;100:108–109), reminded me of a story about this event. In her account, Walker says 'It occurred to me recently that it would be worth while to try the effect of physostigmine, a partial antagonist to curare, on a case of myasthenia gravis.' Walker was the house physician and concerned that this patient with bulbar myasthenia was very likely to die from aspiration pneumonia. It is said that she telephoned Dr Charles Symonds, later Sir Charles Symonds, for advice on management. Sir Charles was the consultant neurologist at Guy's Hospital and also on the staff of The National Hospital, one of the most distinguished neurologists of his era. Symonds is said to have told Walker that myasthenia and botulinum poisoning had much in common clinically, and that it might be worth trying the effect of physostigmine; the result is history. It is said that Sir Charles was not pleased that Walker did not acknowledge his suggestion.

Competing interests None declared

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