doctors are not prepared to accept gifts derived from the spoils of legalised carnage. Surely a higher order principle is at stake here—not simply freedom of speech but freedom to live a healthful life, unimpaired by diseases and early death attributable to tobacco.

The *Journal of Health Psychology*, which I edit, will not be accepting articles on research supported by the tobacco industry. I encourage the *BMJ* and other independent journals with an interest in promoting health to adopt the same policy.

DAVID F MARKS
Editor

Journal of Health Psychology,
Health Research Centre,
Middlesex University,
Enfield,
Middlesex EN3 4SF

1 Roberts J, Smith R. Publishing research supported by the tobacco industry. *BMJ* 1996;312:133-4. (20 January.)

### It's folly to allow the enemy access to your camp

EDITOR,—John Roberts and Richard Smith cite a variety of arguments to support their assertion that medical journals should not ban research sponsored by the tobacco industry.[1] Their comparison between research sponsored by tobacco companies and that sponsored by drug companies (and the suggestion that some of the latter might be "suspect") is invalid. In contrast to tobacco, drug company products can be shown to have some beneficial effect. In certain circumstances side effects may outweigh these, but formal licensing and monitoring arrangements exist, which, if applied to tobacco, would have resulted in its withdrawal 30 years ago. Drug companies do not produce and market substances that they know have no medically beneficial effect, and competition between rival companies is often the basis of medical advance. This cannot be said of the tobacco industry.

A further specious comparison made by Roberts and Smith is that it might be equally unacceptable to receive government money acquired through "unjust taxation policies." This, unlike the fact that tobacco kills people, involves a value judgment. I would not suggest that journal editors become involved in personal value judgments. Clearly, however, they are able to recognise the medical facts about tobacco.

Perhaps the most superficially compelling argument in the editorial is the assertion that a ban on the publication of research supported by the tobacco industry is not compatible with the ideal of freedom of information and might even result in an unbalanced scientific conclusion. If the tobacco industry were at all interested in a valid scientific conclusion this would be a reasonable argument. When collectively the industry is prepared to enter into reasoned scientific debate then medical publishing should be prepared to give some credence to its efforts. Organisations or individuals who do not meet these criteria should be treated as the enemies of medicine, health, and truth. It is surely folly deliberately to allow the enemy access to your camp.

MARTIN J CONNOLLY*
Senior lecturer

Department of Geriatric Medicine,
University of Manchester,
Barnes Hospital,
Cheadle,
Cheshire SK8 2NY

*Martin J Connolly receives sponsorship (of about £30 000) from the pharmaceutical industry. More than half of his patients have disorders related to smoking, and both of his parents died of diseases related to smoking.

1 Roberts J, Smith R. Publishing research supported by the tobacco industry. *BMJ* 1996;312:133-4. (20 January.)

### Not to publish research is a slur on those who work for the industry

EDITOR,—John Roberts and Richard Smith are right to castigate the American Thoracic Society for its refusal to publish reports of medical research funded by the tobacco industry while applauding the motives that led to such action.[1] One of the primary objectives of the Faculty of Occupational Medicine, of which I was recently dean, is to encourage research. The faculty urges all occupational physicians to become involved in research into the effects on health of the products, processes, and practices of the companies that employ them—and to publish their work. Much of this research will be undertaken by third parties, especially universities, but all of it will be sponsored by the industry or company concerned. If the principles followed by the American Thoracic Society were to be followed to their logical conclusion no research on those health effects (whether harmful or not) could be published. This might cause legal problems, as products and materials are required, by law, to be assessed for toxicity, and the results must be made public. Who would undertake such work if publication were impossible?

The American Thoracic Society's action is not only counterproductive to the generation of good research in such areas as toxicology, epidemiology, and environmental effects. It is also a slur on the objectivity, integrity, and honesty of doctors and scientists throughout the world who happen to be paid (directly or indirectly) by organisations, including drug companies and health care providers, whose activities are the proper subject of health research. I hope that the society will reverse its decision, encouraged by the view of the Faculty of Occupational Medicine and its opposite number in the United States, both of whose members, along with research institutes of worldwide reputation, could otherwise be seriously affected.

DAVID S WRIGHT
Consultant occupational physician

9 Ashburton Road,
Alverstoke,
Gosport,
Hampshire PO12 2LH

1 Roberts J, Smith R. Publishing research supported by the tobacco industry. *BMJ* 1996;312:133-4. (20 January.)

*See editorial and news*

## Proposed BAT professorship at University of Cambridge should be opposed

EDITOR,—On 6 March, Cambridge University announced plans for a programme of cooperation with the tobacco and finance conglomerate BAT Industries, which includes the naming of a professorship after the former chairman of BAT, Sir Patrick Sheehy; the award of scholarships to promising international scholars (in part selected by BAT); and the distribution by the university of promotional material bearing BAT's logo. This programme will considerably enhance BAT's efforts to improve its image in Third World markets, so contributing to its cigarette sales of 620 billion a year and to the worldwide death toll from tobacco of three million a year (World Health Organisation's estimate).

While the university's need to attract funds from a wide variety of sources is entirely understandable, this proposal is the cause of widespread concern to members of the Association for Public Health, to many people associated with medicine in Cambridge, and to the major health charities. The Cancer Research Campaign, for example, annually provides grants of £2·3m for research at the university into the causes and treatment of cancer.

Since the proposal has yet to be confirmed there is still time for readers to make their views known within the university or by writing to the vice chancellor, Professor Sir David Williams, at the University of Cambridge, The Old School, Trinity Lane, Cambridge CB2 1TN (fax 01223 339669).

DONALD REID
Chief executive

Association for Public Health,
London WC1H 9TX

## Tuberculosis in the United Kingdom

### Enhanced surveillance is being planned

EDITOR,—Meirion R Evans is right to draw attention to the seriousness of the problem of tuberculosis in the United Kingdom, the need to strengthen activities to control the disease, and the fact that no formal strategic plan for tackling tuberculosis exists.[1] The article implies, however, that little or no work is being carried out in several key areas and ignores several developments that are under way.

Proposals for developing an enhanced surveillance system for tuberculosis have been formulated by a group convened by the Department of Health and led by the Public Health Laboratory Service and are being distributed for consultation. The problems encountered in the United States with the collection of information by the country's enhanced surveillance system, to which Evans refers, make it essential that the development of a new system in the United Kingdom be carefully thought through before implementation. Increasing resistance to antituberculosis drugs has caused considerable problems in the United States and elsewhere, including outbreaks in institutions. These problems have been compounded by the high prevalence of HIV infection in many of these settings.

Recognising the potential for similar problems in the United Kingdom, the Public Health Laboratory Service has reorganised its reference services for tuberculosis bacteriology. The Mycobacterium Reference Unit has moved from Cardiff to Dulwich and is linked with three of the service's regional centres for mycobacteriology, in Cardiff, Birmingham, and Newcastle upon Tyne. All four laboratories will identify mycobacteria and test them for susceptibility to drugs, free of charge, for hospital laboratories in England and Wales. In addition, a surveillance scheme to monitor drug resistance in isolates of *Mycobacterium tuberculosis* sent to one of the reference facilities has been established; it is coordinated by the Communicable Disease Surveillance Centre.

The responsibility for services to control tuberculosis at district level is divided among several groups, and provision has sometimes been inadequate. The picture has been further complicated by the changes in the NHS at local level. In recognition of this, detailed guidance, based on the British Thoracic Society's 1994 code of practice,[2] has been drawn up by a group convened by the Department of Health and will be released shortly. Similar guidance has also been drawn up in relation to the provision of tuberculosis services for homeless people, among whom tuberculosis is more common and successful treatment more difficult to achieve.[3] The absence of a strategic action plan should not be interpreted as indicating that tuberculosis has a low priority.

JOHN M WATSON
Consultant epidemiologist

Epidemiology Division,
PHLS Communicable Disease Surveillance Centre,
London NW9 5EQ

ANNE H C UTTLEY
Director

FRANCIS DROBUIEWSKI
Director designate

PHLS Mycobacterium Reference Unit,
Dulwich Hospital,
London SE22 8QF