

reporting. Most newspapermen covering medical subjects were conscientious, experienced and competent; they could be relied upon to respect confidences. They needed four times as much information as they would ultimately use in their completed story. One reporter of 30 years experience drew a distinction between news of a private patient whose right to privacy must be respected by press and medical profession, and news of an individual such as a leading government figure whose health was of public concern.

A director of broadcasts on medical subjects pointed out the need to have an identifiable doctor participate. Anonymity was unsatisfactory and lacked conviction for viewer and listener. He and the press representatives urged that every local and regional medical group should appoint an individual who could be quoted and identified as the spokesman for his group of doctors.

A newspaperman said that editors of weeklies were anxious to print more medical news but found local practitioners disinterested or uncooperative. Another speaker "phrased a feeling common to both groups" when he said that both reporters and doctors needed training in the dissemination of medical news to the lay public. Reporters could only do their job properly if helped by doctors, and doctors needed to attain better understanding of the elements which make for public interest. "Every doctor should undertake to educate good medical reporters."

(*Coll. gen. Pract. (Med.) Bull.* 1959, 6, 23)

Correspondence

Cancer and the Family Doctor

Sir,

In Mr Malcolm Donaldson's paper on Cancerphobia and the Medical Practitioner (*J. Coll. gen. Pract.*, 1959, 2, 239) I was disappointed with the penultimate paragraph in which he states "It is not difficult to see why the family doctor should loathe the disease and is often not interested in it".

Personally I find it much easier and more satisfying to deal with the last stages of cancer than from conditions such as diseases of the nervous system, cor pulmonale, myocardial degeneration, etc.

With a case of cancer, once the terminal stages are reached, the outcome is obvious to both doctor and relatives; there is no doubt whether any developments require treatment, or whether they result from treatment (and are therefore the fault of the doctor).

Once this decision has been made, morphia, or pethidine and

largactil, and other drugs are available, and provided that one has the courage to raise the dose, as indicated, from day to day, it is possible to make the last days very happy ones. It requires extra time, perhaps several visits a week, then daily and may be even more than one visit per day, but the satisfaction and gratitude of the patient and relatives are adequate reward.

I find it useful to say to relatives during the intermediate period that it is best if they control the case with standard drugs, as too much interest on my behalf will make the patient suspect that all is not well. I also promise them that when the time comes the patient will not suffer. Twice I have given 80 grs. of morphia per day by injection, once to a sarcoma of the maxillary sinus (excised) when the dura was exposed and cerebrospinal fluid started to escape. The patient lived on smaller doses for a further few days, and did not become unconscious until the last day.

The other case was a woman with carcinomatosis peritonei, for whom I was only partially responsible, but I recall that she did not become completely bedridden until the last twenty-four hours; though she had been having 32 grs. per day for several days.

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Edmonton.

Hazards of Running a Trial. D. E. HAMILTON, M.C.S.P. *Physiotherapy*. July—August 1959, 45, 167.

In this short article Miss Hamilton discusses the difficulties experienced in planning "A controlled trial of various forms of Physiotherapy in Arthritis". She admits that a number of unforeseen weaknesses in the scheme adopted were discovered in the first few weeks and suggests for others who are planning schemes of research a month's trial of method before the project is actually started.

In assessing results she suggests that the patients' own opinions of the treatment should also be taken into consideration and quoted.

The final hazard was the press. She says "Although it was clearly stated that all patients were on a basic régime of exercises, analgesics as required, and splintage where necessary, one paper quoted or misquoted the trial and informed its readers that few of our patients got there because their whole time was taken up sitting under lamps. There were other similar misquotations. If therefore you are about to embark on a 'Controlled trial' the results of which might be of interest to the public, start growing another skin or two now!"