Letters to the Editor

THE NHS CONSULTANTS' DISTINCTION AWARDS SCHEME

Sir, I am grateful to Professor Whitby for his detailed response to my article on the Distinction Awards Scheme.[1,2]

Professor Whitby's distinguished father, Sir Lionel Whitby, was Regius Professor of Physic in Cambridge from 1945. The Regius Chair had been vacant for three years and the reference to the 'Chair eluding Lord Moran' was taken from Richard Lovell's biography, page 212.[3] The reference source for this was correspondence between Professor H.A. Harris, Professor of Anatomy at Cambridge, and Lord Moran.

On a personal note, Sir Lionel Whitby one year presented the school prizes at Bromsgrove School (he was an old Bromsgrovian). I was fortunate to receive a prize from Sir Lionel; such was the respect in which he was held at the school that a number of us were induced to enter Medicine.

The quotations from the *Spens Report* in my article were abbreviated for reasons of space but in my submissions to the Health Departments (on which the article was based) I included additional quotations from the *Report*.

I emphasised Reports and articles which were **not** included in Professor Kendell's Report. These included the review of the Scheme by the Social Services Committee of the House of Commons in 1981. Those who favour conspiracy theories may still wonder why the Hansard title of the review of the Distinction Award Scheme by the Committee was entitled only *Medical Education*. Could this have been deliberate?

Personal references required by SACDA from NHS Trust Chief Executives about Consultants who are candidates for Awards are not made available to the affected Consultant even when requested - the only way, at present, that these references can be obtained is by an action alleging 'civil wrong'. Similarly the Colleges do not indicate to their Fellows the names or ranking of those who the College will be promoting for an Award. It is likely that the forthcoming Freedom of Information Bill will make it possible for Consultants to see the reference that their Chief Executives supply to the SACDA.

Regarding Professor Whitby's point about consulting the present Lord Moran, the introduction of Richard Lovell's biography of Lord Moran makes clear that the second Lord Moran (who is himself a biographer) and his brother helped Richard Lovell considerably and gave approval to everything that Richard Lovell wrote. The point (a rather cheap one) could be made that the first Lord Moran himself disregarded pleadings from the Churchill family not to publicise details of Churchill's illnesses when he published in 1966 his book: *Winston Churchill - the Struggle for Survival*. For writing the book Moran was censured (but not expelled) by the BMA. Moran's memorial service in 1977 was not attended by any representative of the Churchill family.

It may interest readers to know that the great Archie Cochrane, whose memory is now venerated by the creation of the Oxford Centre for Evidence Based Medicine and the Cochrane Centre, was never given a Merit Award although he was awarded the CBE for his services to Medicine.[4] There have been others honoured with CBEs, and probably knighthoods, who have not received Higher Distinction Awards.

IJT Davies, North of Scotland Institute of Postgraduate Medical Education, Inverness

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3. Lovell R. *Churchill's doctor: a biography of Lord Moran* London:Royal Society of Medicine Services, 1992; 212.
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COLCHICUM AUTUMNALE AND GOUT

Sir, I read with interest Professor Lee's article on colchicine.[1] Fibrosing alveolitis may be added to the inflammatory and fibrotic conditions for which colchicine may be indicated. A recent paper from the Mayo Clinic[2] states that colchicine has been used for about ten years for this condition in patients who failed to respond to, or had side-effects from, steroids. It includes a review of 22 patients treated initially with colchicine compared with historical controls who received steroids, and the failure rate with colchicine was slightly lower, though all the results are very poor and would be compatible with no treatment effect at all. The patients were selected as having a honeycomb pattern on HRCT lung scan which is being increasingly regarded as the 'gold standard' for diagnosis and which probably rules out the reversible forms of disease.[3]

Fibrosing alveolitis appears to be becoming commoner and is a distressing condition with a five-year mortality rate of 68%, and faced with deterioration, most clinicians would wish to offer some form of therapy. Many patients are frail and elderly, and one is reluctant to prescribe high-dose steroid or add immuno-suppressants in the likely absence of a significant benefit, and the scarcity of long-term side-effects makes colchicine, in my view, a suitable first-line

treatment for this condition.

In 1998 Mayo Clinic patients on long-term treatment, only one had a significant side-effect, a reversible myopathy.

GC Ferguson
Consultant Physician, Northampton General Hospital

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1. Lee MR. *Colchicum autumnale* and the gout. *Proc R Coll Physicians Edinb* 1999; **29:**65-70.
2. Douglas WW, Ryu JH, Bjoraker JA *et al.* Colchicine versus prednisolone as treatment of Usual Interstitial Pneumonia. *Mayo Clin Proc* 1997; **72:**201-9.
3. Katzenstein AA, Myers JL. Idiopathic pulmonary fibrosis - clinical relevance of pathologic classification. *Am J Respir Crit Care Med* 1998; **157:**1301-15.

THE MEDICAL & DENTAL DEFENCE UNION OF SCOTLAND CENTENARY

Sir, In May 2002, the MDDUS is celebrating its centenary. As part of the celebrations we are compiling and publishing a medico-legal history, which will trace the development of the Union throughout the period. It will inevitably encompass all aspects of medical legislation and litigation within the UK during the timeframe, which in the past 30 years or so has seen major activity in the medico-legal field. We shall obviously be looking at this and the principal medico-legal milestones over the past century, to interweave with the passage of our history.

The history will not simply be one of medico-legal statistics and landmark judgements. It will reflect the progress of medicine, its perspectives, human dimensions and the steady encroachment of law and ethics into its practice. In addition its coincidence with the start of the millennium will benchmark its contents at such a time.

I would therefore like to offer anyone who might wish to contribute to this project, either with an anecdote or a written contribution, the opportunity of contacting me and discussing such a possibility. I shall be delighted to discuss the matter further.

In the first instance I can be contacted by telephone on 0141 221 5858, or by Email on nmuir@mddus.com

N Muir, Editor, MDDUS

WHO SHOULD PAY FOR OUR LIFESTYLE?

Sir, In your thoughtful Editorial[1] you ask several pertinent questions relating to the National Institute for Clinical Excellence (NICE).

NICE is **not** 'part of the drug licensing system'. The statutory responsibilities for licensing medicines and medical devices will remain with the Medicines Control Agency and the Medical Devices Agency (respectively). The Institute will, instead, advise English and Welsh health professionals on the clinical and cost-effectiveness of selected new technologies. Ministers have already indicated that they will expect Health Authorities, NHS Trusts and Primary Care Groups to follow NICE's advice.

Some of the details of the selection critieria of those new technologies to be appraised by NICE have recently been described in a consultative paper, issued by the NHS Executive, together with preliminary proposals on how the appraisal process, itself might be undertaken.[2] New technologies that will be the subject of appraisal include pharmaceuticals but will also encompass novel diagnostics, devices and procedures. In the case of pharmaceuticals the primary data will, necessarily, be provided by manufacturers. In the case of some other new technologies the primary data may have been derived from the NHS R & D Programme or from other sources.

NICE will, of course, have responsibilities for developing clinical guidelines and for advising on simple approaches to clinical audit in areas where it has produced guidance for the NHS.[2] Although its remit only extends to England and Wales I anticipate close relationships with Scotland – not least in the development and dissemination of guidelines. The SIGN program, in particular, is one area where the Scots can come to the aid of the English and the Welsh!

Sir Michael Rawlins, Chairman-designate of NICE
Royal Victoria Infirmary, Newcastle upon Tyne

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1. Editorial. *Proc R Coll Physicians Edinb* 1999; **29:**1-2.
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ACHIEVEMENTS IN RUSSIA OF SIR JAMES WYLIE BT., MD. – A SCOTTISH GRADUATE

Sir, I was interested to read the article on Sir James Wylie in the recent issue of our *Proceedings* and the authors' article in the *Scottish Medical Journal* (1996). I was disappointed to find no reference in either to my article in the *Practitioner* in 1973. I suppose their computer search would not find it under the title 'Three Scots in the Service of the Czars'. I would not mind their omission if it was not that I reiterated the facts from this article in my Guthrie Lecture delivered in the Great Hall of the College in 1974. The College has a letter dictated by Sir James listing his service in the Russian Army and describing the wounds he sustained through it. I wonder if you should put the record straight.

J Wilson, The Whins, Kinnelbanks, Lochmaben

LETTERS TO THE EDITOR

Letters to the Editor are welcomed providing they do not exceed 250 words in length. The Editor's decision on publishing or rejecting any letter is final.

MISCELLANEA MEDICA

ALTERNATIVE MEDICINE

Whatever the justification on either side, the medical profession has traditionally maintained an attitude of disapproval or dismissal to alternative treatments or therapies. Now in an era of evidence-based medicine on both sides of the Atlantic, movements are afoot to change all that.[1]

In the USA where vitamins are a multi-billion industry and 40% of the population complement conventional with alternative treatment, the National Institutes of Health have established a National Center for Complementary and Alternative Medicine in Washington DC (NCCAM). In turn this has funded 13 such centers throughout the country for the study of complementary medicine and the training of therapists.[2]

In the EC where a third of Europeans choose alternative therapies, often without knowledge of their effectiveness or safety, the European Commission on Science and Technology (COST) has set up a Research Council for Complementary and Alternative Medicine in London with similar aims and objectives.

There is no shortage of subjects to select from. One compilation lists 14 alternative systems of medical practice, 15 methods of mindbody control, 5 pharmacological and biological treatments, 18 herbal medicines, 17 nutritional supplements, 18 manual healing therapies and 11 changes of lifestyle. Taken together these would call for 92 randomised, controlled trials. Meantime most of us will just have to be content with the tenet of one therapist: 'If it works for you and it takes away the stress, that's what's important.'

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Alternative Medicine

An apple a day keeps the doctor away,
A hoary old adage still heard to this day
But listen again! Hear clamant new voices,
Vying to tell us of much better choices!

Push up your pulse rate. Yes! Right to its peak:
Jog twenty minutes at least twice a week.
Jogging in public still draws attention,
Be properly dressed. Don't defy convention:
And those who must carry a cellular phone,
Don't tarry to answer 'til really alone;
And whenever you stop, exhibit some style,
Run on the spot and toe-touch the while.

Or

Slow down your pulse. Keep stress at bay:
Sit still for two minutes ten times a day!
Relax completely. Sink down in your seat.
Put what you carry down there at your feet.
Close both your eyes. Abandon dull care.
Think only good thoughts and you're virtually there:
Say **'Flat'**, breathing in, and **'Belly'**, breathe out,
Each moment more lean is as moment less stout.

Jogging or sitting? Too soon to say?
Try a little of both with your apple a day!

V.M. HAWTHORNE

Myre Sim Prize for Student Reports

Students are invited to submit a report for publication in *Proceedings* on the work they have undertaken during their elective period in this country or abroad. These should refer to work carried out by the student in either a clinical or laboratory setting. Each published paper will be judged by the Myre Sim Trustees, with advice from the Editor, and be eligible for a prize of up to £500. The decision of the Trustees will be final.

For further information, contact the Editorial staff at the Royal College of Physicians of Edinburgh:

Tel: 0131-225-7324 Fax: 0131-220-3939 email: editorial@rcpe.ac.uk