well, flatly denied that a patient with a particular condition was in the hospital. The administrator, however, after several calls, agreed that such a patient was there but that premature publicity might cause her anxiety and hazard her health. I therefore agreed not to write anything. When I challenged the doctor with this information he said, "I just wanted to throw you off the scent."

This sort of experience makes the plea that journalists should treat doctors more gently seem rather hollow. Doctors with experience of reputable journalists will know that reporters frequently are asked and agree to keep confidence about something, even if it is only to preserve a doctor's identity to protect him from charges of advertising.

But if a doctor has a grievance about inaccurate reporting or unethical behaviour by reporters he has the remedy in his own hands. A complaint to the newspaper or perhaps to the Press Council can have a very sobering effect on the journalist involved. It is significant that the Press Council confirms that complaints from doctors about medical matters are extremely rare.—I am, etc.,

JAMES WILKINSON,
Science Correspondent, *Daily Express*.

London S.W.1.

SIR,—I was interested to read the letter of Mr. J. Roper (18 July, p. 161). There is a great deal to be said for more understanding on both sides between the profession and the press. Taking, however, the current problem of drug addiction among young people, there is much irresponsibility among certain journalists—although certainly not all.

At the Harrogate meeting (*Supplement*, 11 July, p. 48) it was pleasing to see that at last a more realistic attitude to drug abuse was shown by the motions accepted. We as a profession have individually and generally failed to prevent over-prescribing. May I as a neurologist who uses amphetamines for narcoleptics say that I consider this is the "only" indication for the use of this highly-addictive drug. Dr. F. O. Wells (9 May, p. 361) has shown the way in Ipswich by his ban on amphetamines, which is working so well. Narcolepsy is not a common disease, and the drug could quite satisfactorily be prescribed only in hospital.

May I once more plead for support for organized lectures at schools about the danger of drug addiction, so that the impressionable young may be forewarned about what they face by drug-taking? J. D. Wright[1] in an interesting article points out that 75% of schoolchildren in Wolverhampton that he interviewed had learnt about drugs from television and newspapers. Is is too much to ask for responsible help from the press, and from the teaching profession who often try to push this problem under the carpet? It would also be fair to ask for more help from the Church; many bishops could use their talents by organizing counter-propaganda to drug-taking—an evil at their own front door.

Lastly may I turn to the stream of programmes on drugs on radio and television. Only recently I saw a programme on B.B.C.2 called "The Timeless Moment" in which various people were interviewed about their experiences under the influence of drugs. One speaker did mention that one L.S.D. taker had become acutely psychotic and attacked his relatives. This unfortunate person has remained psychotic. However, this danger of L.S.D. was hidden by a great deal of emotional and pseudo-scientific talk about the pleasures of trips. The very sordid side of drugs, with its utter concentration on self and the domination of the mind by a chemical, is forgotten. These programmes can do nothing but harm to young viewers. I consider there is a strong case for banning all drug programmes on the mass media. Producers forget that these programmes are seen by a very uncritical audience, many of whom are not adult and cannot assess the risks at all.

The medical profession needs the help of all decent men of every profession to try and stop this evil disease.—I am, etc.,

A. M. G. CAMPBELL,
Vice-Chairman,
Bristol University Advisory Committee on Drug Addiction.

Bristol.

REFERENCE

1 Wright, J. D., *Proceedings of the Royal Society of Medicine*, 1970, **63**, 725.

George III and the Mad-business

SIR,—Having recently been stimulated by student nurses' questions to re-read some of the literature about George III's "insanity," I feel that, although the evidence adduced by Drs. I. Macalpine and R. Hunter[1 2] that the King's physical symptoms were due to porphyria is most impressive and convincing, the suggestion that his mental symptoms, including "incessant talking" and "hurry of spirit," were also only of toxic origin and not due to an associated manic state seems much more royalistic than realistic (see also *B.M.J.*, 8 November 1969, p. 352).

I wonder if any of the world's leading porphyriologists would care to assess the likelihood, in their experience, that a patient with a *toxic delirium* due to porphyrins would (a) survive this not once but repeatedly, (b) stay in a "certifiable" state for five months, (c) make a complete mental recovery without any significant evidence of brain damage, (d) thereafter have a remission lasting twelve years, and (e) live on to the age of 82?

Without wishing to recast any slur on our monarchy's ancestors, I feel the facts suggest that George III (whose granddaughter, Queen Victoria, certainly had a classical and prolonged depressive breakdown after the death of Prince Albert) was unfortunate enough to suffer from both porphyria and manic-depressive psychosis; the latter being brought on acutely at the climacteric and becoming chronic in senescence.—I am, etc.,

M. M. SALZMANN.

Prewett Hospital,
Odiham, Hants.

REFERENCES

1 Macalpine, I., Hunter, R., and Rimington, C., *British Medical Journal*, 1968, 1, 7.
2 Macalpine, I., and Hunter, R., *George III and the Mad-Business*, London: Allen Lane, The Penguin Press, 1969.

Tarsal-tunnel Syndrome in Rheumatoid Arthritis

SIR,—Drs. K. Lloyd and A. Agarwal report a case of tarsal-tunnel syndrome as a presenting feature of rheumatoid arthritis (4 July, p. 32), which responded to corticosteroid injections beneath the retinaculum. They draw attention to the possibility of this condition being not infrequent in rheumatoid arthritis, but that its detection may be masked by the many other causes of pain in the foot in this disease.

Dr. A. L. Wilson and I reported three cases of this syndrome[1] and drew attention to certain similarities between the tarsal-tunnel syndrome and its carpal counterpart. One of the cases we reported responded very well to the local injection of steroids under the retinaculum. We also noted that the symptoms could be reproduced by forcible dorsiflexion of the ankle. The addition of a raise to the heel of the shoe of the affected foot also helps by relaxing the tension on the posterior tibial nerve behind the medial malleolus. Since then we have seen two other cases of tarsal-tunnel syndrome associated with rheumatoid arthritis. One of these cases was treated by bilateral surgical decompression of the nerve, and the other by three injections of corticosteroid given locally under the flexor retinaculum at weekly intervals. Both cases responded well to treatment.

It is interesting to note that Yamaguchi[2] and his colleagues reviewed over 1,200 cases of carpal-tunnel syndrome and found that 318 of these cases were associated with systemic diseases. The commonest systemic diseases associated with the carpal tunnel syndrome were rheumatoid arthritis (93), myxoedema (77), and diabetes (69).—I am, etc.,

E. H. CHATER.

Orthopaedic Department,
Merlin Park,
Galway.

REFERENCES

1 Chater, E. H., and Wilson, A. L., *Journal of the Irish Medical Association*, 1968, **61**, 326.
2 Yamaguchi, D. M., Lipscomb, P. R., and Soule, E. H., *Minnesota Medicine*, 1965, **48**, 22.

Therapeutic Abortion

SIR,—Dr. S. E. Josse is reported (*Supplement*, 11 July, p. 52) as saying at the recent Annual Representative Meeting that "The report of the Royal College of Obstetricians and Gynaecologists printed in the *British Medical Journal* of 30 May showed that 94% of consultants replying to a questionnaire had no objection to termination of pregnancy."

This is not correct. The questionnaire to which Dr. Josse refers was sent with a covering letter from the president of the Royal College of Obstetricians and Gynaecologists to all consultant obstetricians and gynaecologists employed in the National Health Service. The first question read as follows: "Do you have a conscientious objection to the termination of pregnancy *in all circumstances* (my italics)?" In reply 424 (94%) of the consultants replying answered "No."

If Dr. Josse has been reported correctly his statement is erroneous and misleading.—I am, etc.,

ANTHONY W. PURDIE.

North Middlesex Hospital,
London N.18.