

of the public relations officer at Guy's Hospital, who has described the Press Council's judgment as "a licence to invade privacy with impunity" which, he said, "displays a wanton and callous disregard" for the distress of the people who may be involved in heart transplant operations.

To begin with, it is important to distinguish between heart transplant operations and established forms of therapy. Nothing has happened in the past year or so to change the view of the Board of Medicine of the United States National Academy of Sciences, published in February 1968, that a heart transplant operation must be considered as a "scientific investigation and not yet as an accepted form of therapy". With luck and much patience, this sad state of affairs may change, but that is only something to look forward to. In the meantime, it is only right that heart transplant operations should be carried out according to the rules which have evolved over the years for regulating experiments with people and even with animals. Specifically, there must be reason to expect that the transplanted heart will provide not merely a little extra life for its recipient but also a deeper understanding of the scientific and medical problems which are involved. It is very much in the public interest to be sure that these criteria are fully satisfied, which means that the medical people who are engaged in operations of this kind are necessarily exposed to a degree of public scrutiny that would be unusual and even unjustified in other circumstances. In other words, there is no reason why medical men should fear that the kind of public concern which attends heart transplantations will spill over into more routine treatments. Moreover, the recognition that the public interest does require a greater degree of public information with heart transplants than with other medical procedures is neither a slur on the medical profession nor a denial of the compassion with which these new procedures have been developed. It is simply a recognition that in circumstances when procedures are being tentatively introduced, it is in the interests of patients and doctors alike that the way in which operations are carried out should be open to serious public scrutiny.

The most serious source of confusion in the present circumstances is that there is no seemly way in which even sober and well informed scrutiny can take place. This was one of the complaints of the *Daily Telegraph*, and it will be best if doctors will canalize their irritation at the Press Council's adjudication into the design of better machinery for making available information about transplant operations. To be sure, it does not follow from this that information that may distress the relatives of those involved in transplant operations should be made immediately available. It is enough that there should be some more or less formal occasion, soon after the event, when the circumstances of an experimental operation are made a part of the public record. There should also be an opportunity for an informed examination of the medical men involved.

In the United States, the chosen instrument would no doubt be the press conference, but in the more

reticent style of Britain, a procedure analogous to that of the coroner's court would no doubt be considered more suitable. This, or something like it, is certainly the best defence against the curiosity of the newspapers. It is hard to see why doctors have not themselves urged the need of such a procedure, for it would also be the best way of providing a public demonstration that procedures which are not yet a part of accepted medical practice are used with all the deliberation and care appropriate in the circumstances. To be sure, if such a procedure were applied to heart transplant operations, the question would arise whether it should not also apply to other kinds of operations of an experimental character. One difficulty would be to form an accurate definition of which procedures should be thus dealt with. Another would be the difficulty of deciding when a new technique had become a part of the general routine. But especially when it seems most probable that the pace of innovation in medicine will accelerate still further, it would be in everybody's interest that there should be a more widely accepted understanding of what is new and what is old.



A WEEKLY ILLUSTRATED JOURNAL OF SCIENCE.

*"To the solid ground
Of Nature trusts the mind which builds for aye."*—WORDSWORTH.

100 Years Ago

From a review by C. Kingsley of The World of the Sea, by M. Moquin Tandon, from Nature, 1, 78, November 18, 1869.

For the sake, therefore, of preserving the virtue of impartiality, it is most prudent for the reviewer to begin by complaining, and to say that this very beautiful book has certain defects, which he hopes may be amended in future editions (for he must be allowed to be gracious enough to hope for future editions); that several of the most important and novel illustrations have no authority appended; that the very clever drawing of the sea-lions has not only no authority, but no description or notice in the text; that some chapters are meagre, and some of the illustrations bad—for instance, the Holothurians, of which only two very poor and inaccurate cuts occur; that the large drawing of Cuttle-fish is also very bad and wrong; and that there are many misprints and misspellings (possibly mere faults of the printers, but still faults), such as *rostro* for *rostrum*, *Ottary* for *Otary*, a *Poritidæ*, an *Alcyonideæ*, &c., which must be corrected; and that, as a whole, the latter part of the book is inferior to the beginning. It may be, of course, that this is owing to the simple fact, too common among other classes besides publishers, that the money did not hold out; or that the book, if finished in the style in which it was begun, would have grown too big to be published at a paying price. But what has a reviewer to do with excuses and with mercy?