

for accreditation. The licensing authority would be self funding and would consist of eminent specialists in epidemiology, community medicine, or quality assurance. Approved units would be assessed annually, with a major survey being carried out every three years.

The code of practice provides standards for the various tests done in the units, covering provision of suitable accommodation, suitability of the equipment and tests used, qualifications and training of staff, documentation of the procedures, quality assurance, and safety. Each unit should have a procedures manual specifying the range of services provided, staffing levels, work procedures, maintenance and safety measures, and protocols for performing the tests. The units should meet all legal requirements and be suitably insured. They should have facilities for the safe running of radiological machinery, collection and transportation of specimens, and disposal of waste. In addition, emergency services, including cardiopulmonary resuscitation, should be readily available with staff suitably trained in their use.

The Independent Hospitals' Association is at Africa House, 64-78 Kingsway, London WC2B 6BD.

## Access to medical files

A non-statutory code of practice to give patients access to their own medical records has been issued for consultation by the Department of Health and is due to come into operation by the end of this year.

Mr Roger Freeman, parliamentary under secretary of state, told the Commons on 26 May that the code was a compromise between removing obstacles to patient access and legitimate medical concern about the implications for patient care. The code will apply only to manual files, computer records being already accessible under the Data Protection Act. The new code is based on the presumption that patients are entitled to be adequately informed about their condition and treatment.

Patients' rights to see records will normally be restricted to information recorded after the code's starting date. It will be limited to a specified episode of treatment to inform patients about their health "but for no other purpose." Health professionals may withhold information that is likely to cause serious risk of harm to the patient or that would identify another person.

The code follows a commitment to Democrat MP Mr Archy Kirkwood in 1987 when medical records were deleted from his Access to Personal Files Act. In a Commons debate Mr Kirkwood welcomed the voluntary code as a step in the right direction, though he said that it was a poor alternative to legislation because it could not be enforced. It would allow doctors who did not like the idea of patients seeing what was said about them to opt out altogether. Mr Kirkwood suspected that the exclusions were to restrict access by



"The march of the medical militants to the siege of Warwick Lane Castle in the year 1767." Coloured engraving by John June, 1768. Here eighteenth century Scottish graduates attack the classical bias and Oxbridge elitism of the Royal College of Physicians. The college had declared that only Oxbridge graduates could become fellows; physicians with Scottish or foreign MDs would be allowed only to be licentiates. On 24 September 1767, led by Dr William Hunter (a Glasgow MD), the victims of discrimination invaded the college, broke up its meeting, and did much damage to its property

## History of medicine teaching panels

This engraving is included in an exhibition organised by the Wellcome Institute for the History of Medicine, which will be travelling to undergraduate medical schools in London, Oxford, and Cambridge and to several postgraduate medical institutions.

Six panels have been prepared on the following themes: medical education, the physician, surgery, disease, therapeutics, and medicine and caricature. The panels are easily transportable: in the scheme, originally proposed by Dr J H Baron of the Royal Postgraduate Medical School,

individual themes will rotate around the medical schools one at a time.

The limited distribution of the panels — to London and Oxbridge — would have infuriated the militants who took to the streets 221 years ago to challenge the concentration of medical power in these towns. Deans from elsewhere wanting details of the exhibition should contact Dr Christopher Lawrence, Wellcome Institute for the History of Medicine, 183 Euston Road, London NW1 2BP. — TONY DELAMOTHE

people who believed that they might have been the victims of a medical accident.

Mr Freeman said that the government did not rule out legislation for all time. But as it wanted the cooperation of the medical profession it was best to proceed by way of a voluntary code.

The code will apply to records compiled by health professionals other than doctors and dentists and will extend to records by opticians, pharmacists, nurses, chiropodists, dietitians, and therapists. — JOHN WARDEN

## Sleepless pill

Research supported by the French Ministry of Defence has led to the development of a drug that permits subjects sleepless nights without loss of vigilance or apparent side effects. The drug, modafinil, which is derived from an antidepressant, has been tested in several hospitals and research centres, notably the Laboratory of Molecular Oneirology in Lyons. It increases vigilance and

suppresses sleep in animals and humans. Monkeys have been kept awake for 96 consecutive hours and humans for 48 without any apparent side effects, sleep rebounds, or subsequent problems with sleeping.

At a recent meeting on science and defence in Paris Professor Michael Jouvet, director of the laboratory, said that the drug was "a great French discovery . . . I take it sometimes to work to increase productivity." Modafinil is also effective in treating narcolepsy and idiopathic hypersomnia. Neurologist Michel Billiard of Montpellier reported improvement in 60% of cases of narcolepsy and in 90% of cases of hypersomnia.

A Defence Ministry spokesman emphasised the army's interest in such substances. "If there is a war in Europe, it will be very quick and will be carried during the night as well as in daytime. Hence we need armies capable of manoeuvring at any time for three or four days, non-stop, without diminishing performance."

How does modafinil work? Sleep and wakefulness entail complex mechanisms, among which central catecholaminergic systems have an important, but not exclusive,

role. Amphetamines are thought to increase the duration of cortical wakefulness by acting on the presynaptic level as their activity ceases when catecholamine synthesis is blocked. Modafinil apparently acts post-synaptically, as its effects persist after inhibition of catecholamine synthesis. Unlike amphetamines modafinil apparently does not trigger agitated behaviour or lead to tolerance or habituation.

A prescription form of modafinil has been developed by the pharmaceutical company Lafon, which has applied to the Ministry of Health for authorisation to market it for treating hypersomnia. According to Dr Billiard, the drug should be used only in hospital, after diagnosis has been confirmed by electroencephalography. "There is no question," he said, "that the drug be made available to adolescents who must, for instance, take the oral examination for the 'bac' (the baccalauréate examination at the end of secondary studies in France)." Professor Juvet, however, believes that it could benefit children who tend to fall asleep in class, and added: "I have known young girls who didn't stay down in class, who passed their 'bac' and went on to the university thanks to this treatment. I have the impression of having rendered them a very good service."—ALEXANDER DOROZYNSKI, Paris

## Patient sues over cancerous transplanted kidney

A patient who developed cancer after receiving a cancerous kidney transplant is suing two health authorities for negligence.

Peter Sumners, 43, of Haywards Heath, Sussex, received the kidney on 21 June 1986 from a woman thought to have died of encephalitis and a heart attack. A necropsy three days later disclosed malignant infiltration of the spinal meninges and carcinoma of the colon. As the kidney did not begin to function until 26 June Mr Sumners's lawyers argue that it could have been removed before this. A note in Mr Sumners's medical file, dated 21 August, requested that he should not be told of the result of the necropsy as the cancer had probably already spread.

The case is believed to be the first to result in legal action, though the risk of developing cancer from a cancerous organ transplant is well known. Immunosuppressive drugs given after transplantation increase the chances that the cancer will develop. The writ, against Mid-Downs and South East Thames health authorities, cites a report from Professor Israel Penn of the Transplant Tumor Registry, Philadelphia, which states that 46% of patients receiving organ transplants containing a malignancy will develop cancer and that 50% of them will die as a result. The kidney was removed from Mr Sumners in January 1987, when multiple malignant deposits were found. After chemotherapy and radiotherapy his condition has been described as static.



## Junior doctors campaign to save the NHS

Junior doctors in Bristol and Avon have launched their own campaign to save the NHS. Over the past few months they have set up stalls in shopping precincts and hospital foyers and told the public about their fears for the NHS should the proposals in *Working for Patients* (*Working for Profits*, as the group has dubbed it) become law. The group has produced leaflets, badges, and car stickers—all paid

for by public donations. The response has been enthusiastic. The campaigners are urging people to write to their MPs and to the chairman of their district health authority and to talk to their doctors. Anyone interested in setting up a similar scheme can contact the group for advice. Information is available from Dr G Yellowlees at Ham Green Hospital, Pill, Bristol BS20 0HW.

In his writ Mr Sumners alleges that Cuckfield Hospital, where the kidney was removed from the donor, did not follow good clinical practice, failing to ensure that the kidney was healthy and to communicate the cause of the donor's death to the hospital where he was treated. Mr Sumners says that the Royal Sussex County Hospital was at fault in not advising him that the transplanted kidney should be removed immediately and in not taking proper notice of the statistical evidence on cancerous organ transplants.—CLARE DYER, *legal correspondent*

## Spanish doctors go to court to leave medical organisations

Compulsory affiliation to the official, though independent, medical associations is being contested increasingly in Spain, where a group of doctors has gone to court in an effort to leave one such monopolistic organisation.

Traditionally, graduates in medicine in Spain have had to affiliate themselves to the medical association of their provinces to be able to work. The same is true for other professions—architects and lawyers, for example. The democratic changes of the past 13 years have not changed this, though the

Spanish constitution guarantees freedom of association and the government, which has repeatedly announced a new law for professional associations, seems to be eager to avoid for the moment a confrontation with them.

The General Council of Medical Associations, which encompasses all the regional associations, has played an important political role of opposition to the socialist government in the past seven years. It has opposed many socialist moves on health issues, such as the abortion bill, and has acted mainly in support of private practice. The general council has upheld the right of doctors employed by the national health service to have more than one public position plus a private practice, and it has defended the right to an adequate salary. Two years ago it backed the strike of doctors who work in the public sector.

The lack of interest of many doctors in the associations has left power in the hands of the most traditional sector, which probably includes most Spanish doctors. Many affiliates do not even vote in the elections, as minorities have very little say because of the internal rules of the associations. Critics say that the ethical and scientific roles of the organisation are practically non-existent.

A group of doctors who work in the public sector in the Andalusian province of Jaen and belong to an association that defends the public health service began to protest two years ago, as did doctors from other regions, by not paying their association dues. They want voluntary affiliation and the enactment of the new law. Their delay in payment