

## Radio daze

My secret membership of an underprivileged minority of 2% occasionally slips out—I don't have a television. "But how do you spend the evenings?" people ask. The answer is, "Often with Radio 4," which is why I am taking the chance to show, by a random selection from a week's regular coverage of medical topics, just how varied and entertaining the radio's treatment is.

Take, for instance, *Medicine Now*, a general magazine programme presented by Geoff Watts. On 6 March (Wednesday 7 45 pm) Watts unearthed a couple of inventions that had received little attention elsewhere. The first was an ultrasound probe at the end of a small dental explorer that could be used to detect tooth decay by measuring the loss of minerals from dentine. This invention, which was later mentioned on the *Daily Mail's* money page, won the 1990 NatWest/BP Award for Technology for Mr Bipin Patel of Darlaston. The new technique would be safer than x rays, but—always circumspect—Geoff Watts cautioned that though it was "very, very ingenious" it was still in the early stages of development.

He went on to try a simple device for himself, as he slipped a piece of springy U shaped plastic up his nose. The Nasovent's solemn Swedish inventor described how, by dilating the nose at its smallest diameter, the device deflects the flow of air over the palate and abolishes snoring. So *Medicine Now* arranged for the Nasovent to be tested by the world's loudest snorer (*Guinness Book of Records*: 87.5 dB—that is, as loud as an underground train). The first night the record holder used the device his wife didn't get a wink of sleep. She thought the silence meant that he was dead. The Swedes, clearly recognising the appeal of the flared nostril, have already bought 100 000 Nasovents. But will gentlemen in England now a-bed also be prepared to brace their noses in the cause of conjugal bliss? This untypically whimsical item, redolent of Beachcomber, made the more worthy pieces—how childhood diarrhoea is probably better treated in the Third World than in affluent countries (culled from the pages of the *BMJ*) and a consumer guide to the NHS—seem rather tame. But Geoff Watts rarely lets the entertainment swamp the science. This is an interviewer who not only knows the questions to ask but is also ready to explain the answers.

The two other medically related weekly magazine programmes, *In Touch* (Tuesday 8 45 pm) and *Does He Take Sugar?* (Thursday 8 45 pm), seem to have a less general appeal. For each the target audience is a minority—visually and physically or mentally handicapped people—with a presenter or researcher from that minority. The programme's interest, however, certainly



"Often with Radio 4"

extends to the families, friends, and carers of the disabled—and often beyond to more general political issues.

On 5 March *In Touch* dealt with self help groups. As usual this gave rise to a rich harvest of acronyms. VINE (Vision Is Not Essential) in Leeds and ABLE (Active Blind Leisure) in Cornwall are groups founded to help those who are newly handicapped to bridge the yawning gap (in one case seven months) between registration and getting the help they need from local authorities and national organisations. The prime movers in these organisations are themselves visually handicapped.

Dogs featured in *Does He Take Sugar?* (7 March). Britain lags behind Europe in using dogs to help physically disabled people. The SOHO Foundation in Holland trains retriever puppies to respond to 80 commands. After 18 months they can fetch shoes, jackets, wallets, and keys; switch lights on and off; open and shut doors; and even pass cheque-books to bank tellers. A dog reduced the care needs of one Dutch woman from 22 hours to six hours a day. A new British charity, Assistance Dogs for Disabled People, has developed in conjunction with the Dutch organisation. The programme interviewed Colin, a university lecturer in Cardiff, who has multiple sclerosis and is confined to a wheelchair. His lively golden retriever, Amos, makes his life fuller and more active and fetches his sandwiches (intact) from the canteen. The charity hopes that dogs will ultimately be free to those who need them.

The breadth of *Does He Take Sugar?* was shown by a tangential piece on the prevention of handicap. The chairman of the Meningitis Research Appeal told the harrowing story of how his 14 month old son had died suddenly of meningitis. In conjunction with St Mary's Hospital, Paddington, the organisation has produced a booklet to help parents seek early diagnosis. The programme also gave details of a computerised information service (Care Search) that for a £25 fee gives information on the kind of care offered in 16 000 homes for the mentally handicapped.

One thing that favours these well established magazine programmes (*Does He Take*

*Sugar?* is 13 years old and *In Touch* even older) is that the topics they cover have not already been done to death; and their variety of content and lively presentation belie their apparently narrow focus. They remain entertaining.

Entertainment is the main feature of what looks like the beginning of a trend for local radio—to use soaps to put across a health education message. (Well, it's an approach that's worked long enough for the Archers and agriculture.) The first episode of *Hillcrest*, set in a GP health centre, was broadcast by BBC Coventry and Warwickshire Radio (CWR) on Thursday 13 December 1990. The series is part of an ambitious health education initiative involving CWR, the Health Education Authority, and the North Warwickshire Health Authority. *Hillcrest* will be linked to specific radio features and documentaries designed to explore in greater detail the health issues raised in the drama.

Radio Stoke too has a new health soap, *The Colcloughs*, jointly funded by the North Staffordshire Health Authority and Stoke Council. A review in the *Guardian* described the Potteries as "having one of the worst health records in the country" and the first episode as owing "a lot to Coronation Street." That looks like a winning combination.—JANE DAWSON, technical editor, *British Heart Journal*

BBC2 3 May *Your life in their hands* "Angel"

## Only fools and angels

Dr Angel Escudero is a Spanish surgeon who operates without anaesthetics. The programme begins with a patient having an osteotomy of the fibula without either anaesthesia or visible pain and ends with Dr Escudero's 660th operation without anaesthesia—a varicose vein ligation. Neither the reality of the operations nor the lack of pain seems in real doubt. This is not prestidigitation, sleight of hand, or fraud. Is it, however, as the programme states, a phenomenon for which "no-one has been able to suggest a plausible biophysical or psychological mechanism"?

Far from being novel, analgesia induced by hypnosis has long been known, having been demonstrated by Charcot and used by many hypnotists since. Escudero's procedure is novel only, as a Spanish psychiatrist and hypnotist comments, in its rapidity. The method uses just two principles: Think positively and always have "liquid saliva" in the mouth—presumably to focus attention and ensure relaxation. The flat yet confident and assertive induction patter is typical of hypnosis:

Think "My mouth is filled with saliva, liquid and pleasant saliva." When you feel you have this saliva tell me. . . . Now simply listen. "The blood circu-

lates wonderfully around my body. Each organ works in harmony with my whole body. Especially my mind that obeys all my thoughts. My leg and all my body are anaesthetised. They will remain so until my stitches are removed." Would you like to show me your saliva? Stick your tongue out. Perfect.

The patients show complete confidence, enthusing about their wellbeing during the operation, and adulating Dr Escudero before and afterwards. They are part of a culture of total acceptance: one patient is a sister in law, another's wife has already been operated on. Escudero's whole family assist in theatre as a "constant and passionate team of collaborators."

Behind the blunt facts lies a deeper theory of "noesitherapy" ("healing by thinking"), couched in half baked, pseudometaphysical terms, "a better knowledge of human capacities...to learn to live more happily...the start of a new preventive medicine...a universal philosophy...the way to live better, to improve your health, and your immunological state." An acolyte describes treating tetanus in an African woman whose language he did not speak: "But with help from my mind, which wanted to cure her, that was enough to achieve what we both wanted. I transmit the thought and they receive the desire I feel for everything to go well, that nobody suffers and everyone is happy."

The commentary made no serious attempt at appraisal: "Perhaps the essence is ethereal, perhaps it is rather like extrasensory perception." The producers must realise that



The patients show complete confidence

merely placing "perhaps" before such blandly controversial statements is not balanced, even-handed, critical, or intelligent. When Escudero describes his postoperative infection rate, a Spanish microbiologist is naturally incredulous, and Michael Whitely, an English surgeon, points out that Escudero would be the only surgeon in the world to have achieved such perfection. But the programme neither explores nor verifies Escudero's remarkable claim.

In this the second programme of the series *Your Life in Their Hands* provides a graphic and convincing demonstration of the well known power of hypnotic analgesia. However the tendentious, quasiscientific, mystical baggage also carried is unworthy of a once respected and serious medical programme. —CHRIS McMANUS, senior lecturer in psychology, St Mary's Hospital Medical School, London

## PERSONAL VIEW

### Living without tears

Joanna Johnson

Paraphrasing a line from *Fiddler on the Roof* — "It's no great shame to have a rare and invisible disability, but it's no great honour either."

For 15 years I've lived with the Sicca syndrome (presumably getting its name from the Latin, to dry) and have had no tears. This tearless state can arise from a few severe forms of certain illnesses, but mine resulted from practolol toxicity. This drug was subsequently withdrawn but not before a few patients had suffered irreparable damage in various ways.

It isn't until we no longer have any tears that we realise what an overworked and underestimated little part of our anatomy our tear glands are. The eye's reaction to every imaginable influence has a cumulative effect so that inevitably it becomes worse and the eyes are increasingly sensitive to almost everything in the environment. Obvious things like smoke, onions, bright lights, and wind are joined by heat, all smells, aerosols and paint, plus anything that involves looking. As all eye movement is like a gentle rub against sandpaper, and as no one has yet

invented a way to read without moving the eyes, even if you can "see" you can't "read" anything other than urgent business or highly personal things. Television becomes something to be listened to and not watched —and I bless Marconi for inventing radio.

#### *What I do not get used to is the reaction from so called normal people.*

I've adapted to living indoors with dark glasses and curtains closed against the sun and going out only for essential things like dental or hospital visits. I'm used to dropping artificial tears into my eyes at frequent intervals all day and during the night, and that ranges from blissful cooling to intense pain depending, I'm told, on the acid balance of the conjunctiva at any given time.

But in many ways the worst aspect of the

Sicca syndrome is the emotional and psychological effect of being unable to cry in the normal way. Crying isn't confined to babies, Victorian melodrama, or operatic heroines. All normal people cry at times, and some more frequently than others, but the merciful release of tears cleanses far more than the eyes. And experts with whom I've talked over the years know the importance of the vital connection between tears and the relief of emotional tension.

Fifteen years without being able to shed a single tear is a long time, and the first time I realised I'd never be able to cry again I couldn't foresee the implications of that aspect. Oh yes, the body and mind can cry in the normal way, and the sobbing and grief is "business as usual." But with no tears flowing (though the nose streams in an attempt to compensate) there is absolutely no normal relief whatsoever, and in a very short time the pressure inside the head builds to such a state that crying has to cease but without any emotional relief. You are then left feeling worse than before.

I, and no doubt anyone else with the same