THE BIDET VIEW OF PSYCHOPHARMACOLOGY
CHARLES MEDAWAR

Where did your interest in consumer advocacy begin?
I'd been to University in the United States in 1963/64 in Indiana, which was at that time enormously conservative. There was a state law at the time that made it a felony, pretty much, to kiss a member of the opposite sex below the shoulder line. It was inconceivable it would be a member of the same sex. But of course being a Brit I was spoilt rotten. And in many ways it was a good school. It had pots of money from the USAF, and very good language teaching facilities. I'd gone over there to study linguistics, and in studying linguistics, I had to do a new language. There was a choice between Arabic and Russian. I'm not sure I made the right choice but I chose Russian and then did an academic year in the Soviet Union, which was eye opening. I was with a group of Americans students, so fairly conspicuous. The real people I met were wonderful but the apparatchiks were just so paranoid as to leave you with an indelible impression that they had everything to hide as we now know they did. So relationships were tenuous and often fractured by outside interventions; we used to get followed everywhere. There were a number of very sinister events, but I won't go into those.

When I came back, I got offered a job at the Consumers Association. But I wouldn't have gravitated there unless I had some kind of impulse to do this kind of thing. I suppose there was an element of detection, something to do with fairness. I was not in any sense ideologically driven – I've never thought of a consumer as hero, but I think that I do dislike the idea of consumer as victim. And so I pottered around doing various projects one way or another.

What did the Consumer's Association look like back then?
Young, pioneering, well meaning and generally quite effective. In 1964, Andrew Herxheimer founded the Drugs & Therapeutic Bulletin. Given that the Declaration of Helsinki had only been the year before, this was a remarkable thing to do and in fact the consumer movement has had a huge impact on evidence based medicine. In the United States The Medical Letter was founded directly as a result of a report called '100 Million Guinea Pigs' which was about dangerous drugs that had got on the US market at that time.

It was a good place to work, but it was too comfortable, and I stayed there two long – five years instead of three. In my last year there, I began to work on a project about illicit drugs. Ed Brecher at consumers union was writing a book, which later came out in 1973 called 'Licit and Illicit Drugs', and our work was subsumed into that. I worked vaguely with him and I think also orchestrated the first testing of tar and nicotine in cigarettes in this country for Which. I had to get them tested in Canada, and it was from Ontario that I went to see Ralph Nader.

Ralph Nader had made a big name for himself by then, what was he like?
This was 1971. Yes, he's remarkable, but you have to say as a human being he couldn't be as outstanding as he is without being somewhat freakish. I would never work for him. I can remember sloping out of the Centre guiltily after a 16-hour day with everybody else with their heads down and me thinking – no I can't do this, eventually I want a family life, there are limits to dedication and Ralph simply doesn't know them. But he was inspiring, one of the brightest people I have ever met, and deeply conscientious. Just to complete the sort of aura of affinity we happened both to come two or three generations back from the same small Right Wing Sect in the Lebanon.

Working with Ralph really opened my eyes. It was the potency of the place. America was extraordinary. Until the end of the 70s I would regularly go back and charge batteries. The opportunities for pursuing enquiries and indeed for pursuing justice were considerable and those opportunities of course were reflected in the motivation of the people who were working there. They were a pretty dedicated bunch. Most of them turned up over the summer, as I had, to work a three-month stint. Ralph's effect on them has been very lasting and durable and he had the sense to grow horizontally, spreading the word and setting up little outposts. I remember having lunch with him once and he said "Look I'm really sorry I've got to take 10 minutes out, I promised two students I'd see them several months ago but just think Charles I can spend 10 – 15 minutes with them and they can spend a life time in public interest work."

He certainly knew he had this very charismatic affect. He is a very funny man in private, but there is something of the Martian about him. Two or three years after getting back from the States, I got a 'drop everything' request from him. There was a conference on humour to be held at Cardiff and he wanted a complete briefing on what had been said, all the papers that had been delivered and so on. I wondered if this was rather trying to understand humour and what it took to get to people. But he was very funny and often self-deprecating.

Was consumer interest work in the US a different beast to what it was here at that stage?
Totally different. I mean there were platforms there. Coming back to Britain was like going up to your neck in porridge. You have no Congressional Hearings, no Freedom of Information Act, and you have to this day the uncertainly with libel actions which makes one very wary about publishing what you really think. There are all kinds of constraints. This is a much smaller society, where everybody knows everybody, and I have been handicapped as well as advantaged, because of an unusual surname connected to a considerable figure in medical science.

Perhaps it was to do with the 60s, but the US scene was a strange phenomenon, What they were doing in effect was getting hold of received wisdoms, standard texts produced by the establishment and using the identical facts to re-write them and present the values in a different way. So what's good for General Motors is

good for America, suddenly acquired a totally different meaning. It was a time of great change and reassessment. Washington was a different planet to Indiana, and it had a profound effect on me.

When I returned to Consumers Association, it was in some anger, met on their part with considerable suspicion. I think they thought I had been exposed to a cult or a foreign sect. Subsequently I did get elected to the Consumers Association Council where I thought I was going to turn everything upside down but I ended up as a rather impotent token figure.

What did you plan to turn around in the Consumers Association?
The mentality that the consumers' concern was all about making better use of money in your pocket. This was as I saw it an essentially passive activity; you implicitly embraced the values of the producing sector, you took a range of products, you tested them all, you identified the best and criticised the worst for falling short of the standards of the best. But there was no opportunity to explore alternative technologies - steam cars, electric driven cars, whatever it might be. You really had to take industry on the terms that it offered. And above all we knew nothing at CA, or remarkably little, about what went on in business. I was regarded as a subversive for insisting that the library get me Trade Magazines so that we could find out what they were thinking and how things were working from their perspective. The environment was becoming a big issue and there were instead clearly areas of conflict there - the price of coal goes up if you increase pollution control. What I really wanted to see was an expanding of that kind of work, a great deal more campaigning, and less of trying to please so many people all of the time.

There was a particular row but I'd write it off now as simply a presenting symptom and not really to do with the underlying problem. They were pussyfooting, and they were becoming too comfortable, too much like the Automobile Association. That's what I felt at the time. Quite angry thoughts.

Andrew Herxheimer has had a big role in all this. Can you fill me in a little on his background and how you see his role?
Andrew was forced to emigrate to this country when he was 12. I know he went to school in Highgate. His father had been a distinguished doctor, and a publisher of the Arzneimittel ? ?, a sort of Drug Letter in Germany, and then in this country. I think the language thing explains Andrews meticulous and brilliant use of English. His influence has been wide and deep. He's a very patient man, he's a wonderful teacher. I certainly learnt the basic stuff I needed to learn from him and still wouldn't be ashamed to call up and say "what's a beta and how do you block it?" He's gentle but he is very firm, and he's rubbed off on all kinds of people, nationally and internationally, and now at 76/77 is still going strong, and is really one of the key figures in the consumer world and indeed in evidence-based medicine. He ran Drugs and Therapeutic Bulletin from 1964 until 1994, when Joe Collier took over - and in fact they are related.

When did you begin to get into Psychopharmacology?
It was later. When I came back to England in 1971, I set up Social Audit. The idea for Social Audit came about as follows. I had done an exchange with a lawyer called William Osborne who had been working for Nader. I came back before he had left and he and I and Michael Young, a dazzling innovator, set this up. Michael knew about things like fundraising and lots of things I didn't know, so he was the first chair of Social Audit. The idea was that we would develop and apply methodologies for measuring what companies and other organisations took from and gave to the communities in which they operated. Methodologies for measuring social performance in a way that accountants would measure financial performance. Obviously there were huge obstacles in the process of measurement but above all in relation to disclosure. It just didn't happen, but we produced two or three worthy reports, until in 1978 the money ran out. I have to say none of this would have happened without the Joseph Rowntree Charitable Trust, who funded us.

What was the disclosure problem?
Well you simply couldn't get the information. I was very impatient having seen what you could get in the States, via Government agencies who were monitoring corporate performance. But there was remarkably little to get here. Although there was an interesting lesson or two on the way. The first company we decided to look at was Tube Investments. We just decided to go along and ask some pretty fundamental questions about what they thought they were doing.

The reason for choosing them was that they were pretty British, and they had fingers in all kinds of pies. They were vertically integrated to the extent of mining for bauxite in Ghana on the one hand, and producing things like Russell Hobbs kettles and Raleigh bikes on the other. They had a stake in the defence business, which was clearly another part of assessing what a company does, great environmental responsibilities and all the rest of it. So we asked them lots of questions and wrote them lots of letters and we got the bums rush everytime. But there was a pattern in these. We were getting letters from the Chairman, a man called Lord Ploughden, and three or four times this phrase appeared in his letters "He couldn't tell us but I'm sure you'll understand", or "for reasons I'm sure you will appreciate".

There was clearly this club of understanding and it was open to those who accepted without question what businesses did and it was wielded at those who did not. But the interesting lesson came at Tube Investments AGM. I think we had a tally of about 150 unanswered questions by the time we turned up for the AGM. We all had our hair brushed and were wearing suits and all that, and we went up to Birmingham. There, in this hall where the AGM was held, for the first time there was this man, who was so sure we would understand, exposed. The lesson was that accountability is a hugely personal thing. There on the side were the 150 questions we had asked with their answers. They had decided to

release them at the AGM, not even to us. It was a defensive ploy on their parts, and that if we were to get up and behave as they saw it badly they would say, “look we have answered your questions”. So, Lord Ploughden, around whom acolytes circled all year was suddenly there in the lions den. It could have been embarrassing for him personally but the acolytes made damn sure he was not embarrassed. And that’s really what accountability is really all about.

Incidentally it works both ways. By far the most difficult companies to deal with I find are the ones where the front man or woman is charming and only too ready to “help” and once you begin personally bonding it becomes that much more difficult to take a critical view of the organisation to which they belong. So I routinely turned down invitations to lunch. I don’t get invitations from corporate hacks anymore. I think they think I am a rather dangerous animal. Perhaps they’re afraid I might rub off on them, because I can be quite charming too.

After the Tube Investment report we wrote to other companies saying that what a pity that reasonably well intentioned people should be asking so many questions and coming up with such few answers - how would your company like to take part in such an exercise. One company, the Avon Rubber Company, I am fairly sure misinterpreted the letter, because we had beautifully electrically typewritten them, and did cooperate. We got cooperation from both the management and the union. We spent a very long time with lots of on site staff interviewing extensively. We had proposed ground rules, which they were very happy with giving them an extensive right of reply.

Then the energy crisis had started to bite and this was obviously bad for an industry that was very dependent of the motor industry. It all fell apart. The Managing Director, who had been very supportive of this exercise, was ousted. His successor, with a crisis to manage, really didn’t want to know about us. There were some things in our report that were critical of the company, and the Unions were quite embarrassed by some of the things we said. There had been an assurance they had not been using carcinogens on site, and Maurice Frankel, who now runs the campaign for Freedom of Information, had identified about a dozen compounds, which either were known to be or were suspected carcinogens. So the Unions were rather embarrassed that they had taken management’s word and skimped on the job.

It was an honest and brave attempt but really the end of the road as far as we were concerned. If we had the resources we might have re-grouped and thought where do we go from here, but in the end we felt this report had been anomalous we should never have got in there, and having published that report we were never likely to get anywhere again. So at that point we began – there were four key players there and each of us went in different directions. Maurice and I continued to work at Social Audit and the two others, a lawyer called Peter McMann and an MBA called David Imberg, left.

The idea at the back of my mind was if you want to find out about corporate social performance go to a completely unregulated environment – a developing country, where they can more or less do what they want. There was a lot of talk about Nestlé & Babymilk in the air, double standards as far as drugs were concerned, drugs being recommended for indications that would never have been approved over here and so on. So in 1978, I spent quite a lot of time in India, Malaysia, and Thailand, sniffing around and finding out what I could find out about how drugs were used and how they were controlled.

That lead to the publication of a booklet in 1979 called Insult or Injury (REF?). This was my first foray into drugs, and I've been doing more or less the same thing ever since. Big change of direction in 84 with the recognition that qualitatively the kinds of problems that were evident in developing countries could be found here too.

This was partly also because of an introduction to WHO. WHO had begun their essential drugs programme, which very quickly fell apart. The impetus of that programme ran into constant difficulties. From about 1982, the International Pharmaceutical Industry began to get organised. They had obviously perceived the essential drugs programme and the Alma Alta declarations as a huge threat.

What was the threat? It was commercial but here I'd make a distinction between the interests of the pharmaceutical companies on the one hand and the interests of the United States on the other. Even in those days no self-respecting drug purchaser, hospital or whatever, would not have had a drug formulary. Yet here they were suggesting that adoption of similar techniques in developing companies where people were dying in vast numbers for want of basic health care, was unacceptable. That was the most extraordinary state of affairs.

America didn't begin to bite until the mid 80s but things like the Kassenbaum Amendment gave a new slant on democracy. She was a Congresswoman in the Reagan administration. The proposition was that as the United States pays about 25% of WHO's budget, it should have 25% of the vote on anything to do with fiscal matters. And they were very late with their payments at WHO, pretty much threatening to pull the rug from under WHO's feet and generally making life impossible.

So where's the distinction between the interests of the US and the interests of the pharmaceutical companies?
The pharmaceutical companies are licensed by society and given a variety of rights, protections, and privileges, which are to do with society's perception of their value in terms of drug innovation and distribution. The US Government, the Carter administration had led us to believe, was much concerned about humanitarian issues, human rights, and the stability of the global community and here they were just screwing people around, it was grotesque.

Is there any reason why industry begins to be a force around 82? Is it just simply that up to this the pharmaceutical industry was just small beer and it was on it's way to being a qualitatively different beast?
I think what was happening really from 1980 is that the last golden age of innovation was drawing to a close. The companies were getting that much bigger and finding it that much harder to survive by the traditional route - organic growth, drug innovation and so on. Mergers and acquisitions were starting up. There was a strong gravitational pull towards the United States, which has continued, and has more recently become rampant.

As a stunning symbol of that, Novartis have just moved to Boston?
Yes. But if there was any one symbol of all this I would say it was Alma Alta and the essential drugs list. Industry for the first time began to feel itself as a global weight, a global presence. The companies were all becoming that much bigger and of course their dominance is now almost complete.

So in 82/83 the Benzodiazepine Story is going to start happening. How did it start for you?
Well in 1970 quite by chance I had witnessed one of my family fitting as a result of coming off a benzodiazepine. I felt strongly enough to write to Bill Inman, who was in those days running the Yellow Card scheme[1].

How did you meet Bill Inman?
I went along to interview him with an American lawyer called James Michael who was trying to find out just how deep this British secrecy disease really went. Bill was surprisingly open and gave us all the Yellow Card print outs which the Committee on Safety of Medicines refused to do for another 20 years, believing there would be public mayhem if these data were published. This is a good indicator of how completely out of touch they are with the World outside that of their making.

I can remember Sue Wood, who ran the Adverse Drug Reaction Programme, saying in 1993, when somebody had introduced a Medicines Information Bill, that the public simply wasn't ready for it. Bill Asher who was the then Chairman went into print on the subject and said journalists would have a "field day" if we release these data. I said - you just don't know what you are talking about, these data have long been available in the United States. To my mind the people who still don't really understand the data are the regulators themselves and the doctors who receive the printouts. Neither make due allowance for the extent of under reporting. I think the Pharmacovigilance system is extraordinarily inefficient. But what makes it unacceptable is the fact that its inefficiencies are not recognised.

I had to struggle to try and get them to change the system by which these things were released. Even if you were a professor of general medicine, you could not

[1] The Yellow Card Scheme is a British adverse drug reaction scheme begun by Bill Inman; see Inman W (1999). Don't Tell the Patient. Highland Park Productions, Los Angeles.

get an adverse drug reaction print out without signing a form which said that you would let them have advance sight of anything you wrote, that you could not publish without their permission. It was completely bananas. Eventually with an ombudsman's ruling, we got that turned over.

Another thing we fought for was the now admirable prescription cost analysis that the Department of Health publishes. That took a Counsel's opinion to get published but those papers are an absolute bedrock of information for understanding national drug policy and where it's going. This world is intensely secretive. The CSM minutes, meaningless as they generally are, are something else that we pursued and again got with another ombudsman's ruling. So over the years there have been quite a few skirmishes with the authorities over them being reluctant to disclose and offering sometimes almost surreal reasons for sticking with their secrets.

But you know what they are really trying to keep secret? It's not all those piles of paper they have got there. Its what they don't know. That's what they really don't want people to understand. How desperately limited and unrefined their evaluation methods are. It's lack of accountability that they are after because a lot of their decision making is very arbitrary and really quite risky.

One of the things I found out and have used repeatedly since then, is that if you want information, as opposed to finding out whether information is available or not, you go along and say this is an enquiry about openness and access to information. What have you got on adverse drug reactions? If on the other hand you really do want information on adverse drug reactions, you go along and say we are interested in adverse drug reactions, tell us all you know – then they'll tell you nothing.

So back to the Benzodiazepines?
Yes, well I did submit a Yellow Card report, which I am sure bit the dust. It was one of probably no more than half a dozen that they'd received in those days, although there must have been tens of thousands of adverse reactions. After that there was a long dormant period when nothing much happened apart from being generally aware of what Ron Lacey and MIND were raising the profile of the issue, until the Esther Ranzen programme in 85.

A turning point in my life came in 1983 by which time I was very very broke. I was offered some work I really didn't want to do. There was an arthritic drug called Opren. A number of solicitors had got together to see if there was a basis for a legal action. What happened thereafter was to be the most important part of my continuing medical education so to speak.

For two years I worked on Opren with lots of time and unlimited resources. I could just focus on this one thing and my head became more and more like a hard disk, as I accumulated all this information. I was a so-called scientific co-

ordinator of the action, which for a graduate in Russian wasn't bad. And I did know what I was talking about. There were little moments in meetings of experts which were regularly convened were I made a contribution. One in particular, where I just asked around the table– "has anybody ever come across a drug where the recommended dose is also the maximum dose?" Not a single person could name a drug and that had been overlooked the whole time. This had a zero therapeutic margin. The only other drug on the market today with the same thing is Zyban.

Another thing was watching the birth of an adverse drug reaction. A whole group of rheumatologists, maybe twenty of them, sitting around a table, and one of them says, "A funny thing, I had this patient on Benoxaprofen and long after they had stopped taking the drug they went on complaining about this sensitivity to sunlight. They went on holiday and came back lobstered." And one by one people around the table said yes, I've seen that. Until there is that communication the adverse reaction doesn't really exist. Not one of them had thought to report this, a possible immunological response and there it was staring them in the face.

Was Benoxoprofen on the market here before anywhere else?
It was very early here. I think it was early in Germany as well. In effect also this was the first prescription drug to be promoted direct to the consumer. This was not explicit - it was done by getting public relation agencies and exciting journalists and putting up stories out about this is being the most important discovery since Aspirin – it was outrageous. Real razzmatazz – Lilly is good at these things.

So even though they are forced to remove the drug from the market the company culture still means that they still do the same thing with Prozac.
Tom Mangold did a famous Panorama on Benoxaprofen. He describes a meeting where they are sitting around in Indianapolis, about to launch this new exciting drug - this is an old Quaker company remember - and at some point the person presiding over the meeting says "I want you to reach under your chairs" and everybody reaches under their chairs and they find a dollar bill pinned there. They are all instructed to take the dollar bill out and write on it – grab it. If you have just invented anything resembling the greatest discovery since Aspirin to behave in that kind of way is not only vulgar and discreditable – it does not speak very highly of the quality of your drug.

Oddly enough back when I was in Indiana University, I spent many happy hours studying at the Lilly library. Lilly were the major benefactor in the state. You couldn't possibly be at Indiana and not realize what an important institution Eli-Lilly was. So you can see fate has played a part here.

Can you take me through the legal developments in the UK? It was very hard for claimants to get anywhere, unlike in the US, why?

This was an action funded by the legal aid fund, although there were some ineligible people who were contributing, they were pretty much along for the ride. There was always the spectre of a huge cost if the action was lost. And there came a point as there did in the Benzodiazepine litigation where the kind of award you might have expected, was going to be rather lower than the kind of costs that were going to be run up. There are all kinds of other things that might be said about why the action was scuppered, such as the un-restrained activities of the lawyers and their legal teams. I mean they behaved at times as if it was a bottomless pit. I can remember three of us flying to the United States to interview one guy. It was just out of control.

On causation my lips are sealed by Court order. When that action came to the point of discovery and I was to be the main discoverer – ie go along to Basingstoke and plough through 1.2 million documents - Lilly went to the High Court and successfully took an action against my involvement. I didn't say a word throughout that hearing or the next one. But I had two very strong feelings, which perhaps say more about me than about the Court processes. In the High Court I had the impression of the judge suggesting – it's not a very English name is it, Medawar. Whereas by the time it got to the Appeal Court where we won – our Leading Counsel had made a point that he had said "Look I want to drop this name" and I said "you may not do that". Eventually an oblique form of words was found which I agreed to. Anyway the Leading Counsel dropped a broad hint and their Worships or whoever said "are you trying to tell us something Mr Sullivan?" He explained, and I got as a result of that the most wonderful testimonial – we owe Mr Medawar an apology, he was clearly pivotal in this case, the case could not proceed without him, these are his many talents.

I got quite a lot of legal work thereafter, which at a time when there was otherwise no funding was absolutely essential. Going through the Eli-Lilly stuff was a serious bit of education, because you learn how the corporate mind works. When you see every scrap of paper that was ever recorded about the fate of this drug, you get a sense that you will never get looking from the outside. I realised, probably more now than then, the precariousness of the situation as the company perceived it.

Having said that I have looked at some company records where a company behaved as honourably as it was possible to do. Behind the scenes they were saying we have made a mistake, this is wrong we have got to do some thing about it. And that was not unknown in the mid 80s. For instance in the case of ICI with Eralden, once they accepted causation and that didn't take them too long, they did the decent thing and set up the scheme and said – "how can we help?" But no company would do that now or be allowed to by insurers or shareholders or whatever. Certainly not if you have got a major new drug at the beginning of it's life. The precariousness of these companies is what makes them so dangerous – they feel so beleaguered and threatened.

It would seem that this change in behaviour should link to an increasing focus on blockbusters. This then in turn would link to a change in the patent laws.
I doubt if you will find a particular date. It might be worth looking for particular models or drugs that have been so spectacular in their day, particularly when it has little to do with the drug ingredients, and more to do with marketing. If I were doing a case study, one of the drugs I'd be looking at was Zantac a me-too. This was just a bit of opportunistic marketing, and some nice sort of touches like putting the price high to make people think that it was worth that much more. Completely paradoxical! I daresay that that has certainly been a model, and the marketing driven model has lasted ever since.

Put yourself in the position of a company. If you hold about 1% of the world market these days you need 2-3 products generating about a quarter a million a year. You need those every year. Well a blockbuster, which can bring in a billion or two, is going to save the most amazing amount of duplication of effort - sales forces, briefings, literature whatever. It is just much easier to put all your eggs in one basket and really throw things at that drug and make it big. I think there is only one of the top ten drug companies in the world today that doesn't have blockbusters accounting for over 50% of their sales - and the figure goes as high as 70%, so the reliance is absolute. At the other end of the scale what it means that an awful lot of drugs are becoming orphanised so to speak. It is no longer worth developing drugs for many major conditions

The Opren case ultimately settles with UK claimants getting minimal amounts of money.
Yes and the lawyers making huge sums of money. Hard on its heels came the Benzodiazepines. My entrée here was the solicitors, Michael Napier and Roger Panone, who had led the Opren action and were interested in running this. They came and talked to me and I started doing some work for them.

I would have thought Heather Ashton, Malcolm Lader and Peter Tyrer had raised the whole thing 4 – 5 years before that, and then at some point Bristol Myers Squibb help raise the temperature with their efforts to market Buspar as a non-dependence producing anxiolytic
Buspar didn't come along until 86/87. It helped foster things. Tyrer and Lader's work had been published in 81. That's Life programme was in 85. But it does take a long time. Look how long it's taking with the SSRIs. Five years ago it was blindingly clear there was a problem - a problem that could have been greatly minimised with appropriately broadcast warnings. But it was never done. And if you ask any of the establishment now, they will tell you - these drugs do not cause dependence. So you can see how long it takes even when it's staring at them in the face.

When the CSM had published their first truly pathetic warnings in 1980 on the Benzadiazepines, a lot of people had been talking about the volume of

prescribing. The CSM warning made no difference. Lader and Tyrer's work made absolutely no discernible difference. This goes back to what you learn in Sociology 101 – a problem isn't problem until it's defined as a problem. So SSRI dependence is not a phenomenon that won't be defined as a problem until somebody produces an antidepressant with reasonably credible claims for not producing dependence. I find it very hard to get my head round that notion. I can't imagine any drug that would do that.

Is it always a drug company that defines a phenomenon as a problem or can others?
It's rarely a drug company that will define something as a problem unless it was a competitive advantage to doing so.

Clearly that's when companies will do it, but can any other forces produce this kind of situation. That's Life helped to define benzodiazepines as a problem – but why did they make such a big deal of it? Was there anything about the times – a changing consumer culture then? Why was it possible for this to become a problem?
I can't think of anything special about the 1980s that would lead to that conclusion. Reagan, Thatcher, the Falklands, I suppose plenty of incentive to protest. It may just have been the accent of Ron Lacey at MIND getting very steamed up about this, making contact with Lader and Tyrer, Esther Ranzen realising from an enormous mailbag that she had a jolly good programme in the making, and that there was a case to answer. And when there is a case to answer, nothing fuels protests so much as the refusal to answer it. That's Life obviously did make a considerable impact but at the same time the manufacturers, who had put legal obstacles in the way of the CSM, pretty much backed off and decided that warnings had to be put on.

But there are other factors. I still don't understand why in the home of litigation, the United States, they never got exercised about this. It's a funny country isn't it? There is more alprazolam prescribed than any SSRI. The most prescribed drug in the United States in fact is hydrocodone, and even though there is obviously a vast illegal market for it as well, they simply cannot recognise iatrogenic dependence for what it is.

But do you think the Benzodiazepine story had come to an end anyway? The benzodiazepines had run their course, rather like the SSRIs now. I could imagine the situation where warnings might appear on the SSRIs but it would be a recognition that an era was already over in some sense.
Roche had been steadily losing market shares since the late 1970s, with it's long acting drugs. It had nothing to offer really after the initial flurry. But eras aren't over until new ones begin, and that's the problem, there is no new one to begin, and as far as one can see, no ideas of where and how a new era might begin.

Maybe the story might have played itself out and taken an awful lot longer. There are still 15 million prescriptions a year in the UK. It's not a trivial amount even if it's half what it was at it's peak. It's fashionable now to say there was a desperate over reaction – and to some extent I suppose there was, but I think the medical establishment broadly brought this on themselves. It was pretty profligate prescribing - 30 million prescriptions a year.

Roche managed to become a symbol of a nasty pharmaceutical industry in this period. You have the Chairman of Roche saying – we're not publicly accountable to anyone other than our shareholders. And also saying in what is almost the statement of a new eugenics - the solution to social problems is a drug. Now however industry gets perceived as being socially responsible. They are in there advising Tony Blair on science policy, education policy etc. We are in an era where market forces are all and even the Labour Government cow tows to this, whereas in the 60s and 70s when the Labour Government was in power, a pharmaceutical company like Roche was almost the enemy. How has the industry looked from a consumer advocate point of view over this period?
You are not comparing like with like. I just didn't know as much then as I know now. There would have been a good reason to cast Roche as the villain of the piece then. They had been through a monopolies commission enquiry. They had demonstrated some pretty sharp practices in hearings in the States in the late 70s. They were distinctly a Swiss company, secretive, self-serving and phenomenally rich and apparently not playing ball.

The main thing that has changed is the size and economic influence of these companies. The idea of Adolph Yahn picking up the phone to Harold McMillan or whoever is ridiculous. Whereas Richard Sykes would do so now and Blair would make it very sharpish to the receiver I would think. And George Bush was a director of Lilly.

Back then in the 80s with the benzodiazepines story blowing up hard on the heels of the Opren story, as I perceive it, many people must have felt that what was needed was more regulation.
Yes I think reflexively I think it would have been, but at the same time you felt yourself asking – where is the regulation. And then the illusion that the CSM was an interface between Government, which should be doing it, and professionals who knew exactly what to do anyway, perhaps softened the illusion that regulation was the answer. I don't know what I thought, I'm sure it was pretty naïve.

I think my most likely scenario now is a collapse of the Pharma companies. They are unsustainable. I have seen in-depth analyses recently making the case they are very like Enron. There do seem to be some very persuasive parallels. The fact is if we used the medicines we have available, sensibly, wisely, compassionately there would be no further role for companies of this size. These

megacompanies need far too much to continue to grow. But I don't know how it will work. Presumably more mergers and acquisitions and by luck or otherwise we will end up with a tiny handful of companies in a few years from now who will have much more the complexion of banks and marketing organisations. Drug discovery will have been farmed off to outside and all will inevitably be based in America.

So when did you write Power and Dependence and why?
When I was up before the Beak in the Opren case they gave me this clean and glowing bill of health, subject to a condition that I should not write anything about the drug for about seven years without undertaking to show a manuscript to Eli-Lilly. Something I was quite happy to do. That case was about my entitlement to go and look at their documents. And one of the arguments that Lilly advanced was that I was a journalist, raising whether I would be able to segregate in my mind what I had learnt from their sacred documents and what I had learnt from other sources.

Isn't a pity you didn't call yourself a historian?
So when the date of May 92 was fixed for the discovery process, I started writing furiously, using the thousand papers that I had accumulated as part of the legal work, realising that this would become unpublishable the moment discovery started. I would have been dragged through the court again, probably by three companies rather than one. And that also has quite a lot to do with why Social Audit published it. I did take it to a publisher who offered us a modest rather than handsome advance. But then he said that is about half of what we estimate the libel reading will cost. I thought, "bugger this horrid country" – this is a serious sober book with views that were worth discussing – I can't bear this kind of thing.

On the weekend before it was published in February 1992, I am told that the then chairman of the Bar Council who was involved in the litigation read it, and said "this book will go down for defamation, breach of copyright for the advertisements that I had reproduced and contempt of court". I felt certain that there wouldn't be a whimper. A gut feeling that it would be such a catastrophic mistake to take a book like that to Court because it was very gentle in a way.

There were some grey cards in the back of the book, which you could pull out and send in. One of these turned out to be complete magic from a lovely and courageous woman who with her husband ran a Good Clinical Practice auditing group – Wendy ?. They put all their results on a data base and after the FDA whose database is inaccessible, they have the best database on GCP compliance anywhere in the world. Because she has this extraordinary name, I noticed an article of hers in a weird journal – Clinical Trial Focus or something like that – where I read this extraordinary editorial where she said "After ten years of auditing I would never go into a clinical trial myself, and would strongly advise any of my family not to do so". So I got to know her quite well.

Anyway we opted to publish Power & Dependence in-house. From manuscript to publishing took about seven weeks, compared with the years a publishing house would take. There weren't any legal readings. We did what we did at Which. I appointed somebody a verifier and we read it through out loud, and if there was anything that couldn't be stood up we took it out.

The threat of a legal problem is a potent weapon isn't it. When agents get back to you they don't mention legal issues but when they say "the public aren't interested in books from the pharmaceutical industry" its hard to believe that this is not what they mean.
I have just send off a proposal to a publisher and half the covering letter dealt with what I perceived to be the libel risk which was zilch. But it takes balls on their part and I don't know whether they will buy it or not.

After Tom Mangold's programme on Opren, when I had finished a draft of Power and Dependence I went along and talked to him and he said "yes all very interesting but much too big, I'll do one of these drugs – but which one?" I said, "Well it's got to be Halcion". Partly because Halcion was a breaking story and the story was pretty much over than the others. And he disappeared for several months and came back with the most spectacular story.

The in-mates in jail, Protocol 321 and ……
Yes it was a very powerful programme.

So where does the SSRI story begin to raise it's head for you?
In 1994, Nature asked me to review Peter Kramer's Listening to Prozac. I wrote a short, scathing review. Nature didn't tell me that the following week they were due to have a full page with three long letters from The Great and the Good from Australia, American and Hugh Freeman from the UK, all going on about how these drugs were as vital to the depressed person as insulin to the diabetic. I have little doubt they were orchestrated. I have seen enough of company files to know how these things are done.

How are these things done?
Company has drug – company has critics – critics go into print with anything less than cast iron monumental crushing evidence, drug company will draw this to the attention of the faithful, who know the company to be a centre of excellence, care, integrity and money. Company has only to say – we've no doubt you'll wish to respond - and that's what will happen. It is amazing what you can generate when you call on old friends. That's what old friends are for.

I've had the experience of seeing in the BMJ or the Lancet a number of letters debunking some critical point, and then going behind the scenes later quite by chance and finding the letter from the medical director which has been sent out to triallists and their friends saying – "you'll no doubt want to respond having tested our drug and found it so wonderful". And that is exactly what happens.

Needless to say with no declaration of interest. This doesn't just distort, it perverts an understanding of risks and benefit, or even enquiry into the relationship between risk and benefit. It's a very dishonest business. It isn't science. It has nothing to do with establishing whats what and playing by the rules. In the case of the Kramer review, when I read the letters I felt here we go again.

Nothing else happened until I was at a conference shortly afterwards and met a pharmacist from one of the big London teaching hospitals. Shortly after the conference he called me up and said he and his chief pharmacist would like a meeting. It was all very cryptic. I wasn't too clear even after the meeting what they were on about. But what they seemed to be saying was, and it's relevant that the chief pharmacist was also a Samaritan, that these SSRI antidepressants were creating an awful lot of problems. On the one hand we don't think they are working and on the other hand we think they are having some pretty bizarre effects. I came away saying "well if you want me to investigate what you are looking at you are asking me to drop everything for the next couple of years and get down to that and I'm not sure I want to." I also said to them that I thought it was pretty uncrackable anyway. What I thought then was that if this is really to do with depression one really shouldn't be questioning the value of therapy at all. I too had been suckered by the notion that depression was endogenous depression and only that and hadn't realised that there was any other possibility.

That it had become Prozac deficiency disease?
Exactly. I think they gave me the clue though. They said something like "You can't demonstrate the difference between any of these antidepressants anyway". I did some work on that and the more I looked the less I could find discernible differences between any of them. And I am still perplexed about what the differences might be. Jonathan Cole in one of your interviews says yes you will get 3 or 4 people out of a hundred maybe having a spectacularly good reaction. Is that what's happening across the board? Is that what marketing is all about, segmenting the responses and then hugely augmenting the publicity about the most spectacular. I really don't know, I'm still thinking about it. But overall in whole populations the realisation that there was really no difference between any of them, which made nonsense of any talk of specificity of action, was a revelation. I began to research and to write. It was not part of my schedule, I didn't know I was going to be doing that at all, I just got on with it.

Now you have this extraordinary Website, socialaudit.org.uk, all about SSRI dependence, which was on of the first things I visited on the Web. Where did the idea come from?
The Internet has changed an awful lot, particularly for the manufacturers. It has reduced the time it takes to communicate ideas and has meant that patients can exchange information and consolidate experiences in a way they never could before. When I wrote my SSRI dependence article, The Antidepressant Web, in the mid 90s, I had been using a computer for sometime, but with a 128k modem

the Internet was beyond me. However, I had enough of a strategic sense of what it could be to promise that this would appear on a Website. I suspect the title, The Antidepressant Web, came from the notion that this would end up on a Website.

But what the Website would be was totally unplanned. I just knew I'd put it up there and in my naïve way I thought – well you only have to tell the truth for people then to come along and say – Goodness that's absolutely right. But of course they don't. Five years later it is still stunning to me that not a single professional has nailed their colour to the mast on that Website. It's all been patients, which it was not meant to be. In the old version of the Website there was a discussion button against each of the sections, and people were meant to click and say – yes I agree with that, or – no I think that's nonsense. But it never happened and eventually the discussion boiled down to two separate parts of the site. One which people just used and I tried not to interfere in that - that's their site and mine is the other bit.

The idea of posting the correspondence between yourself and the CSM or MCA – that was there from the start was it?
No. I knew the website had to be vaguely interesting, and it certainly was intended as an exercise in accountability. The mechanism was a model that I had thought of long before getting involved in the antidepressant thing. It was the fantasy when I am writing, that this is something that a doctor is going to read and say "Struth! Any patient could understand this." The model is really somebody reading it over somebody else's shoulder. So it should be reasonably comprehensible. The facsimile idea was to put in their face. To let the MCA know that they were working towards the solution of public problems, so it should be public, and this was entirely compatible with what science should be - openly discussed and free ranging ideas.

Look the MCA is a Government department. It claims a unique competence in interpretation – if so they can bloody well explain and justify what they do. And that's why those letters went up and yes it got up a few noses – Mike Rawlins in particular. I think his reading of the Montgomery Dunbar trial – that people who were ill after halting paroxetine were ill again rather than in withdrawal - was absolutely ridiculous.

So you started writing to the Royal College of Psychiatrists about this – and ended up with Malcolm Lader who had been a champion of the benzodiazepine story advising the College there isn't a problem.
Malcolm was always fairly complicated. He certainly spends a lot of time with drug companies. He certainly was working with paroxetine and SmithKline Beecham and very properly declared this interest. But there is a side of him that is fairly unfathomable . I can remember during the benzodiazepine litigation, somebody had produced a little cassette tape with him on the cover promoting Buspar.

When I first became concerned about SSRI dependence, I had a correspondence with Kendall, then the President, which led to a meeting with Malcolm Lader. But I never really got what he was getting at over that lunch apart from the fact that we didn't agree and there was a lot of word play and the rest of it. I think his objective must have been to get me to back off, but I didn't feel like it. I have had no contact with them since other than one or two overtures but never really wholeheartedly. I don't think too much of them.

While dependence on antidepressants was recognised in the 1960s, and we now know Beecham knew about withdrawal from paroxetine in the 1980s, and while physicians flooded the CSM/MCA of withdrawal effects from the early 1990s, on the basis that the discoverer is often the person who persuades others about the existence of a phenomenon or problem rather than the person who first describes it, I think you should be credited as the discoverer of SSRI dependence. That was five years ago now though – how will the story go from here?
I don't know. I put up a case saying there is a problem here and it looks very similar to problems we have had before. It's worth thinking about solutions, and the starting point would be to take a wild departure from anything the regulators ever think of doing – which is design warnings on the basis of an appreciation of risk rather than waiting for hard evidence of harm. They have never made that distinction.

They are deeply conservative – they say it's scientific – but compared with the quality of science that they admit when it comes from discussing the benefits of drugs this is a completely implausible argument. I don't take a fundamentalist view of the Do No Harm maxim, but avoid avoidable harm seems to be a reasonable thing and nobody was doing it. Everybody was digging their feet in and relying on a definition of dependence that had been concocted by a number of expert committees who apparently paid no attention whatever to what consumers or doctors might understand by the word dependence. I think it was really wicked to tell doctors that these are not drugs of dependence and that that's what they should be telling patients. First of all because the evidence wasn't there, and secondly because if they knew there were withdrawal symptoms at the time, but hadn't explained to doctors that withdrawal symptoms were no longer considered central to a definition of dependence then everybody was going to misunderstand, as most doctors clearly did.

This was the WHO 1998 definition of dependence?
Yes but more than that the DSM 4 definition. In 1990, the APA had said "oh yes the benzodiazepines were drugs of dependence, but please can we call them drugs of dependence and not drugs of addiction. This is therapeutic dependence – this is normal dose dependence". And four years later the same bloody organisation has said "withdrawal symptoms are nothing to do with dependence

– dependence is what you have when you are marching firmly in the direction of skid row".

Hence the benzodiazepines aren't drugs of dependence?
Well that's the inference that I had certainly made and I put that point both to the MCA and the RCP. I heard on the grapevine that Kendall actually said in effect "cripes we have a problem". But who's going to stick their head above the parapet?

Did you read that terrible story about the whistleblower in the Lancet last May. A medical doctor working for Organon – right or wrong it doesn't matter – who for the best of intentions aired his concerns about the design of a trial privately to three ethics committees. He was subsequently found by a Dutch court of being in breach of confidentiality agreements and he's had a bill of half a million pounds. He admits that the delay he caused was costly. But for Organon to pursue that! My impression is that fear has an awful lot to do with the way people behave or don't behave – its not surprising when you get your head bitten off like that.

They encourage you not to put your head above the parapet by talking about political maturity and suggesting that people who do speak out are acting out. Have you had to put up with a lot of that?
Oh yes, Hugh Freeman's letter in response to the Prozac review says Mr Medawar is going to have a lot of suicides on his conscience. They are outrageous.

You must have had a lot of ad hominem insults?
Yes but they felt casual, gratuitous and ill thought out and they come across so silly that I find them strengthening more than anything.

In about 1994 I did a series of seminars with Glaxo. The thinking was that peace was breaking out all over – lets find out what we've got in common. We did seven seminars. Glaxo was had buproprion but that was about it for their antidepressant involvement. In the last seminar, I gave them the antidepressant web and the story was what are would you do about this. The format of the seminars was somebody would give a paper – usually me and then we would discuss the corporate response. I can remember thinking this is absolutely extraordinary here am I talking the science and here are all these people talking the anecdote, and telling me how dreadful it is to be depressed and stuff like this – this doesn't make sense.

So although I'm not a scientist and that's sometimes inconvenient, I certainly think I get the drift of it. There are some rules for distinguishing between reality and appearance and I think I roughly know what they are and I know there are lots and lots of ways of breaking them. Sometimes sophisticated ways, sometimes completely inadvertently. These days I tend to pitch the issues in

terms of a conspiracy of goodwill. This is a model I find quite comforting – and so will any libel lawyer - because it suggests that the responsibility for this is all shared. If the drug companies appear as the villains of the peace they would be impotent without the contribution of patients, professionals and Government, which of course they get.

About a year ago I got very pre-occupied with Direct to Consumer Advertising, which is probably the most important issue I have ever worked on. Because of this I have rather let the Website slide, but this has also been because I felt I've got better things to do with my head than bash it against a brick wall. The writing is all over the wall and it is only a matter of time before the antidepressant thing is recognised for what it is.

Let me pick up on patient groups. When you began in the 1960s groups like MIND and people like Ron Lacey made a real difference. By the 1990s you've got companies running seminars on how to set up patient groups and Depression Alliance and groups like that come into being some of which look murky.

Depression Alliance certainly was although I don't know what it is like at the moment. At the time it was run by this man Rodney Elgie and the strategy for expansion was clearly getting closer to companies, accepting the King's shilling and spreading the word. But there is nothing peculiar about that. I think the thing to remember is that patient organisations have dynamics of their own, and have interests that go far beyond the interests of patients. The job of such an organisation is the job of any organisation, which is to grow, to be prominent and to perpetuate itself. It's for the staff to feel they are doing useful things. So if you take axiomatic that depression is horrible and that people with it must somehow be cured, and that the best cure seems to be chemical, from then on it's all plain sailing.

But what information we have about the industry strategy for introducing Direct to Consumer promotion makes it clear that these overtures were not in the interest of people with depression, they were in the interest of getting patient organisations on side. And now patient organisations are becoming an extended part of the marketing. It's a very tricky situation. I've discussed it with people who know their way around the charity world, saying this is surely not what a charity was ever meant to be, but the legal position is that the charity is in pursuit its legal objects has got to everything it can to pursue them. They just don't want to know if companies get some marketing pazzaz out of it, which they clearly do.

The situation is considerably worse in the United States. The more patient oriented the title of the organisation the more millions of dollars they seem to have from people who are promoting particular drugs. The classic example is NAMI – the National Association of Mental Illness - which now heavily funded by the manufactures of SSRIs, notably Eli-Lilly.

No if you have an unexceptional drug to sell, the more you can get people talking about depression, this terrible disease, and the need for depression screening and the rest of it, the better it is for sales. And if you are the brand leader, that's emphatically so. They have driven a wedge between consumer groups concerned with public health and consumer groups concerned with sectional patient interest. So I dread the time when resources get more scarce and patient groups start slogging it out with each other selling the best political case for a greater share of the resources.

The one bedrock thing about being British is that the National Health Service has just welded this country as a country in a way that nothing else I can think of has done short of the Monarchy. It was a tremendous idea and it's far to precious to mess around with them in a cavalier way that is happening now in the interest of trade. But they just don't get it. The NHS is not safe with Mr Blair, nor his Minister of Health, Philip Hunt the man he charged with setting up the competitiveness task force. Imagine the conflict of interest, you have a Minister of Health responsible for drug regulation, directly responsible for the MCA, and his only contribution as far as I can see has been chairing this competitiveness task force where they come up with a whole lot of measures of innovation and every one of them is economic.

I ran into Hunt two weeks ago at the launch of the G10 thing in Brussels, and I pointed out that they had said nothing whatever about therapeutic advantage and that this was absurd. His response was mainly interesting because it was as if this was the first time he had come across the notion that innovation was anything other than having a greater percentage share of the world's top 75 drugs or whatever. They just haven't got it at all. Ditto the Pamole Report, which is the bedrock of new proposals from the EEC. All the indicators of innovation and economic success they propose are economic, these are the targets at which we should be striving. And they simply haven't understood that this industry is on its uppers. It is totally dependent of blockbusters, which are almost by definition lifestyle drugs. If we start importing things like that into this country, you can just kiss the NHS goodbye. There is no way it can stand that kind of economic assault.

DTC has been preoccupying, although the deed is nearly done. But it is wonderful seeing these institutions at work. I sat through meetings at the European Parliament's Environment Committee. It's like an auction where the auctioneer spots imaginary bids in the audience. You know the kind of thing on the south side of Oxford Street "did I hear a such and such" – no he didn't hear that high a bid, but he caught one of his colleagues raising their eyebrow. That's the flavour of the thing. It is a very seedy world. However it's the world we live in. A world I'm intent on staying sane in, and therefore I shall make huge allowances for other peoples irrational impulses and their most basic needs. But hypocrisy sometimes does stick in the craw.

What about the increasing movement of industry people into the regulatory apparatus - Ian Hudson, Keith Jones?
It's always been like that. Yes it's an issue but its one of many issues. John Le Carre paints a persuasive and very beautifully documented picture of the drug company painted in terms of simple shades of black and white – good and evil. The drug company behaves ruthlessly and murderously and so on. But it really is not like that. It is the relentlessness and the overwhelmingness of what they do - just the sheer volume of material. You can't end it by pointing at an advertisement. You can frequently point at an advertisement and say 'that's misleading', but that isn't the problem. The problem is the culture, the problem is the overwhelming volume of them. It would be very easy to go mad doing this kind of work.

What about psychiatrists who use your stuff but don't want to use the name?
Well if my survival was dependent on how many times my work was cited, I would have been a dead duck a long time ago. I know that what The Antidepressant Web says is common knowledge. You don't get a quarter of million website visitors a year for that not to be the case. I know that the message gets across but I can only think of two or three cases where that paper has been acknowledged, and pretty grudgingly at that.

When Drug and Therapeutics Bulletin, an independent organisation, did a report on antidepressant dependence, they sent me the first draft for comment. I was pretty shattered to see no mention of my work at all, considering that I had pretty much put the issue on the map. I imagine that it's a bit 'kiss of death' if you're organising a sponsored conference and you propose bringing somebody like me along.

Really the most astounding example was Griffith Edwards inviting me to write an editorial for his Journal of Addiction. I did a piece, as he asked, sent it to him, he said "absolutely fine, I wonder if you could just say a little bit more about how difficult it must be for doctors" which I duly did. The next thing I hear is "I perhaps should have mentioned that this is a peer review journal. I've sent it out and had one external comment and we are not going to publish it". This was censorship and I think that's disgraceful.

Why would he have done that? I mean surely here was a man who should have been able to stand above the fray – big enough not to have to worry about other peoples' opinions.
You'll have to ask him. I did later run into him and to be fair, he got two reviews, one was a deputy editor and the other was an outside referee. He sent me the external referee's comments. The only point I could get hold of was that he thought this piece polemic. I don't get this posturing – we have the key to the science. There is no scientific evidence or indeed there is no evidence. How can you say that when you don't even take stock of thousands of reports from

patients who are going up the wall with withdrawal and the anxiety it creates for them. I get most of my energy these days from people who write into the website and the number of people who say “thank god I found this site I thought I was going crazy” is extraordinary.

Companies are in a bind at the moment; they can’t respond if they see comments on websites or there is no mechanism for them to do so. And so they take the view we won’t monitor websites, but of course they do monitor them. So they know perfectly well what goes on and anybody reading what appears on my website or any number of others just for Paxil would be in no doubt at all there is a serious problem. And the scientific evidence is there – there’s the Lilly sponsored Rosenbaum study.

On the Griffith Edwards line, you get people like Richard Smith, Richard Horton, Drummond Rennie, and Marcia Angell who sound like they are in the consumers corner but when it comes to a crunch..
I had a bit of argy bargy with Richard Smith after the editorial which said ‘antidepressant discontinuation may exist but it’s easily enough controlled’ when the authors failed to declare an interest. Neither of them was talking about a situation that looked credible from the point of view of many patients. So I spend quite some time writing a letter, which was all due for publication. It had got to the corrected page proof stage and nothing happened. I got on to Richard Smith and said “come on, why the delay”? To cut a long story short, a year later it hadn’t appeared. “Terribly sorry, it went to the bottom of my in-tray. Terribly sorry this, terribly sorry that”.

But Richard Smith perhaps unfortunately made this big faff about not wanting to be part of a university that takes tobacco money, which makes this kind of response from him look fairly hollow.
Maybe I should say this is cock-up and not conspiracy. I suppose it’s quite possible it is. But that’s not the way it seems from my end, because it’s so much part of a pattern of being pretty systematically excluded. Finding no-one professionally who is prepared to join in the issues.

But it also happens a lot with journalists. For reasons that are much more understandable but no more creditable. They are in a double-bind. If they acknowledge what you have done, it says well actually we are reporting belatedly a story that’s five years old. So they are not going to do that. They want to go and re-invent it and the other thing is they are shit scared because you are not a doctor. Because doctors are meant to know everything.

Another twist on that story is I produce a paper for the MCA, which they decide that as it hasn’t been peer reviewed they don’t need to pay any heed to it. As if being through the peer-review process somehow makes it right.
Well these are just devices. If peer review was a serious requirement for the kind of evidence they do admit they would be sunk. Very few drugs would make it.

Meanwhile, there it all is up on the website. They can't pretend they haven't seen it. Unless they come up with answers I'll keep going. That's the best guarantee that I'm on the right line. Because they know how to do this, as part of the conspiracy of the goodwill thing. What the industry really does best is letting other people get it's own way – companies have enough friends in the clinical community and professional bodies and regulatory agencies so they don't often need to blow their own trumpet on clinical issues.

I need to explain about bidets. Roy Porter introduced me to the notion of the shower and bidet approaches to history. Most histories take a shower approach – looking down from the point of view of the great and the good. Roy in contrast was the great champion of the bidet approach, which I would have thought fits in with your views.

I'm not sure about that but there is a feeling of coming full circle here. The Mid-West of America and the Soviet Union, in the early to mid 60s, were remarkably similar to a young Brit. What they had in common first of all was the highest degree of conformity. The second thing was that the really imaginative and interesting people were often on the criminal anti-social fringe.

The person who wanted to buy a pair of jeans in Red Square would turn out to be a delightful sophisticated hugely well-read engineer. And similarly in Indiana it was people in the music school, people from out of state, gays – who could barely put their head above the parapet, the odd dope-smoker, who hadn't been pulled out of a Cornflakes packet. And the dreadful thing about the people who had been poured out of the Cornflakes packet is the extent to which they protest their rugged individuality.

The mass marketing that creates this rugged individuality is the most wonderful paradox. One of the incomprehensible things about getting older is the extent to which people now not only will agree to but positively seem to need to advertise other peoples wares. That would have been so naff in the 60s.