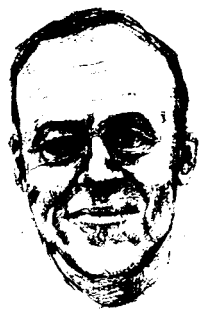


From millimoles to Maastricht



As I gulp down my third pint of beer and munch on my 12 ounce steak in my 20 by 15 foot dining room some 200 yards from the fourth tallest building in the world (1470 feet), I must confess to some mixed feelings about the *New England Journal of Medicine's* "retreat

from international units" and the European reaction to this decision (*BMJ* 1 August 1992). For the issue may not necessarily be one of lack of leadership, as suggested in the editorial, but may well reflect the eternal dissonance between what Charles Maurras has called the "pays legal" (the rulers, ministers, bureaucrats) and the "pays reel" (the real country, the people).

Leadership, said Harry Truman, is the art of getting people to like doing what they do not want to do in the first place. In many countries the introduction of the international system required no leadership

whatsoever. It was decided on by the pays legal, ministries, health departments, committees of editors; and practising doctors had no option but to go along—presumably for their own good. It was done in one fell swoop, overnight, by decree. But this is not necessarily consistent with the American way, which often requires more discussion, some compromising, and the gradual building of a consensus.

The system was also presented, at least in America, in an unattractive way. Doctors were given confusing three page tables and impractical conversion tables with numbers such as 0.02586 for cholesterol and 0.1333 for oxygen. How much more effective if the system had been introduced gradually, for the new laboratory tests first and then more gradually for the others. Things might have gone more smoothly if clinicians had been told that approximate conversion values from mg/dl were 18 for bilirubin, 40 for cholesterol, 20 for glucose, etc.

Instead the ministries and committees tried to ram the new system down the throats of the still independent minded American practitioners, and the response was predictable. Selecting at random from a set of letters to the same *New England Journal of Medicine*:

"molar basis of reactivity rarely plays an important part in the interpretation of laboratory tests on a day-to-day basis" . . . "the molarisation of medicine is a trivial accomplishment, of importance primarily to non-clinical laboratories and to editors of medical journals, who bear little if any responsibility for patient care" . . . "incomprehensible" . . . "pseudorationality" . . . etc.

On a related issue, the metrication of American roads—Mr George F Will, writing in the *Chicago Sun Times* (30 August), notes that it may not be worthwhile to spend millions of dollars to bring America "into line," nor is it certain that competitiveness and exports would necessarily increase. In strong words he suggests that we do not need a Commerce Department Gestapo, that Europe has had few good new ideas about government since the Magna Carta, and that the instincts of serfdom remain strong—all underscoring the intensity of the opposition in America to doing away with the mile and the pound. In the long run the kilometre and the millimole will undoubtedly prevail. But it will take time, patience, and persuasion, and it will not happen overnight.—GEORGE DUNEA, attending physician, Cook County Hospital, Chicago