Having talked on the subject of danger to people with heart disease for most of the time, I talked on the subject of dangers to people with heart disease for most of the time while people are at the moment taking exercise? My answer was, 'There are some statistics, and these statistics are very difficult to get, that suggest that while you are actually exercising your chances of having a heart attack are increased by about five times over what would have happened if you spent the same amount of time sitting quietly.' I then mentioned the increased risk of taking hot showers immediately after exercise. Never for one moment did I think that this answer would be presented out of the blue as though it applied to everyone going for a run on their local common. The way the programme was presented suggests either extremely poor editing by an unintelligent layman or a desire to produce dramatic television with little respect for the truth or for the equanimity of the viewer.

As you mentioned, the *Sunday Times* (2nd July) enabled me to point out that my comments about the risks of a heart attack applied only to people with heart disease, and the journalist concerned, having spoken to me on the telephone, had the courtesy to telephone me and check his copy with me before it was printed.

If television continues to treat medical interviews in the way that I was treated I think our only defence is either to insist on appearing on a programme live or to insist, as you suggest, that programmes should have some sort of informed monitoring before they are shown.

Dan Tunstall-Pedoe

CORRESPONDENCE

NOISE INDUCED DEAFNESS

To the Editor

31st July, 1978

Dear Sir,

I was interested to read in the Book Review by D. E. Mackay the comments about noise induced deafness in motor sport. In 1976 prior to the notification of noise restrictions by the F.I.M. (Federation Internationale Motorcycliste) I conducted a small survey at Oulton Park during a motor cycle race meeting. I found that the levels varied with the solo 2 stroke motor cycles from 110 dBA to an extreme of 128 dBA. Needless to say with the latter there was considerable physical distress suffered by anyone in the vicinity. During the mass start, levels of almost 130 dBA were recorded. It was my opinion that at this time total noise exposure to people standing close to the track was sufficient to cause auditory damage but the sound levels dropped considerably when moving away from the track side.

Over the last two years the maximum permitted sound of solo motor cycles has been reduced to 115 dBA measured at a standard distance from the exhaust pipe. This has resulted in far more tolerable sound levels at race meetings and several people have dispensed with ear protection. These levels will be further reduced to 110 dBA next year.

I am still however concerned that mechanics working on racing machines without silencers may sustain appreciable damage to the hearing and I intend to survey these people in the near future, together with some riders and trackside marshals.

Yours sincerely,

S. BENTLEY

Chief Medical Officer Auto Cycle Union (Cheshire).