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Letters to the Editor should be sent to letters@thetimes.co.uk or by post to 1 London Bridge Street, London SE1 9GF

Scepticism over claims made about Covid

Sir, Tom Whipple ("Did shutting schools save lives? Only way to know is experiment with kids", Nov 22) states: "It is criminal that billions of us used masks without, even at the end, properly knowing their efficacy." I disagree. Experimental investigations on masks at the Pirbright Institute in 1969 showed that surgical, paper and industrial masks provided little or no protection against the inhalation of airborne virus in large particles. It was concluded that a respirator would be required to protect wearers against the inhalation of virus in droplets and/or small particles.

In June 2021, Cambridge University Hospitals NHS Foundation Trust reported that the quality of masks worn by health workers made a huge difference to their risk of coronavirus infection. Their data showed that wearing a high-grade FFP3 mask (also called a respirator) provided 100 per cent protection whereas there was a much greater probability of staff becoming infected if they wore a surgical mask. It is likely that guidance from health authorities to the public on the correct choice of mask (ie FFP3) and its proper wearing during the pandemic, especially on public transport, would have reduced the transmission of virus.

Alex Donaldson
Former head, Pirbright Laboratory; Guildford, Surrey

Sir, I agree with Tom Whipple's praise of a treatment based on a rigorous clinical trial, as well as his reticence to accept numbers based on mathematical modelling and his scepticism regarding the efficacy of masks. The next pandemic could start at any time. But the public inquiry is moving far slower than the virus when it swept worldwide. During the first wave of the pandemic thousands of care home residents died in outbreaks initiated unwittingly by asymptomatic but infected and infectious staff who could have been identified by testing. But testing was introduced far slower than it should (and could) have been.

For decades before the pandemic PCR testing was being used by many research labs. But co-opting them was far too slow. A reliable Covid PCR test was designed before the pandemic was a month old. It presents no technical problems.

My lab used such a test in the Antarctic in 1994 to look for harmful bacteria in the throats of British Antarctic Survey staff. I hope Baroness Hallett's module on testing will provide the political pressure to ensure that adequate testing facilities will be in place before the next pandemic strikes.

Hugh Pennington
Emeritus professor of bacteriology, University of Aberdeen

Sir, It was clear from very early on in 2020 that Covid-19 was an airborne respiratory virus, against which the value of masking and plenty of fresh air is well understood, whether in the Derbyshire Dales, on the open road to County Durham or on the closed golf courses around Southampton. Instead, the national response appeared to be tailored to the very different, contact-toxic Ebola virus, after the widely seen imagery of the Sierra Leone outbreak of a few years earlier. The consequences of that misperception were enormous in terms of wasted national resources and general misery, but it is not clear that the most valuable questions will ever be asked or addressed.

David Rew FRCS
Consultant general surgeon, Southampton Hospitals

Sir, I disagree with Fraser Nelson that the UK should have followed Sweden's example ("Hallett has dodged the key Covid questions", Nov 22). Swedes are very conformist and if there is a rule they follow it. By contrast, Britons tend to look for a way around rules.

Ian Cooper
Sheffield

Letters to The Times must be exclusive and may be edited. Please include a full address and daytime telephone number.

Puberty blockers

Sir, Further to your report "NHS trial to inject transgender children with puberty blockers" (news, Nov 22), it was curious of Baroness Cass to recommend a new trial of puberty blockers in her report on the matter when in the same report she had ruled that their further use should not be permitted, out of concern for safety. And it is very wrong of King's College London to carry out such a trial on children between the ages of 10 and 15, at the risk of "decreased bone strength, long-term damage to fertility" and "the impact on brain development and brain function".

Even if the children (and their parents) are happy to undergo the trial, they are surely not of an age to give consent to such a potentially life-changing procedure — in satisfaction of what may prove to be a temporary desire. And it is surely beyond the bounds of legitimate medicine to undertake such a procedure save for the most compelling reasons.

Edmund Gray
Iffley, Oxon

Red-light jumpers

Sir, Your excellent article (Nov 22) about cyclists running red lights highlights the tip of a larger iceberg: just as dangerous is the large number of cyclists with no lights on their bikes at night. Instead of the present threat of a £50 fine, that of, say, a £1,000 fine

Scepticism over claims made about Covid: The Times, Monday 24th November 2025

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David Rew FRCS

Consultant General Surgeon, Southampton Hospitals

This letter which I titled "The Wrong Virus" grew out of my operational experience in military service in the Gulf in 1991 and again in 2003.

Those who have been trained in Nuclear, Biological and Chemical (NBC) defence drills are familiar with the 9 second rule, which is the time available to “mask up” with Respirators on direct observation and immediate proximity to a chemical attack.

In the Gulf War of 1990-1991, there was initial concern that the Iraqis had a stock of chemical weapons which they might further weaponise as warheads on ballistic and other missiles. Sporadically, they would launch Scud Missiles (1990-91) and Silkworm Missiles (2003) in the direction of allied troop concentrations and logistic hubs.

These hypervelocity missiles had high immediate impact energy but little explosive impact, but for one tragic strike on a US Mess Hall in Al Jubail towards the end of the campaign. However, they had massive strategic impact through the panic that they induced in field commanders, who ordered troops theatre-wide to “mask up” whenever missile launches were detected at source by satellites. Given the heat of the desert, the wearing of chemical warfare suits was intolerable, life threatening (from heat stroke) and wholly unnecessary. It also induced serious operational and training disruption on numerous occasions.

Not only was masking up ordered in the absence of a missile on the horizon, let alone overhead, but I had learned that scientists from Porton Down had tested a range of nerve agents in the desert and found them to be wholly ineffectual. This was because the heat vapourised and dispersed volatile agents in minutes, while the sand and dust of the desert was a highly effective form of “Fuller’s Earth” for the fixing and immediate degradation of persistent (liquid) agents.

Therefore, the wearing of full NBC suits was seemingly unnecessary, and NBC respirators would only need to be used judiciously for short periods in proximity to chemical agents.

This lesson went unlearned and the problem re-emerged in the Gulf in 2003. In one long distance alarm early in the campaign, the command staff of 202 Field Hospital were paicked into ordering the staff of the hospital into trenches in full NBC kit for much of the day, following which more than 30 staff were severely (but fortunately reversibly) affected by

early heat stroke. As an old Gulf hand but with no influence over the command team, , I slipped out of sight in the shade behind a tent and enjoyed an untroubled afternoon.

The point of these anecdotes, as will be apparent, is that even when tried and tested protocols exist which are founded in common sense and rigorous analysis, a panicked command structure, whether military or civilian, will overreact to threats with excessive "risk mitigation" which in fact generates greater risk.

In this context, in the strategic planning exercises which we undertook in the context of various emergency scenarios, I often wondered at the panic that would be induced by the release of a "dirty bomb" of fissile/radioactive material in a terrorism incident in a city. While the actual radiation health hazard might be very limited, the consequences of the induced panic might be huge.

From the Gulf, we can fast forward to the Ebola Viral pandemic in West Africa in 2014-2015. Unlike respiratory toxins and pathogens, the Ebola has severe infectivity from contact with body fluids. Therefore, impermeable whole body suiting is essential, and the images of encased health care workers during the pandemic became seared in the public association of a viral illness with the requisite healthcare response.

When Covid 19 arrived, it was understood from very early on that this was a respiratory pathogen, for which effective masking was the appropriate protection. Moreover, it was soon apparent that the vulnerable population were the very elderly, the morbidly overweight and those with severe comorbidities, including children with cardiac disease Many younger people, including many health professionals of my acquaintance and their families, caught the virus and felt very unwell for a week or so but with no local mortality.

In this context, the lockdown almost certainly did far greater harm than would a more focussed approach, and many health professionals might have been spared the misery of working in high care environments in "Ebola suits" of PPE. Once again, it was the misapprehension of risk by officialdom that may have done the greater harm. The debate is unlikely ever to be resolved, but I felt it useful to contribute to it.