

Sir,
Dr Watts, in his long letter (November *Journal*, p.628) has said two true things. The first is that the use of atomic weapons is abhorrent to any thinking person, and the other is that tyrannies do eventually fall. He seems to have gone on to make several false assumptions. One is that a nation which does not possess atomic weapons has a better chance of escaping bombing than one which does. Imagine a world in which both the democratic West and the communist East have laid down and destroyed their atomic weapons. This would not stop, say, an irresponsible leader from acquiring a stock of weapons. Would he be hampered by moral considerations when it came to their use? I do not think so. Tyrants are not made that way.

The other piece of fallacious reasoning is to suggest that, apart from disarmament and a consequent policy of appeasement by the West, there is no other way to stave off the holocaust. There is. One for conquering a people is to so numb their minds with fear that they are willing to accept slavery, as the only alternative to extinction. Do I detect a whiff of this in Dr Watts' letter? We must learn to recognize such propaganda for what it is, a weapon of war, and a much cheaper one than navies or missiles. People who support dictatorships must be told again and again of the evil that they are doing. We must always speak the truth, and we must find ways to make them listen. In the communist bloc, where radio broadcasts are jammed and censorship rules, it will not be easy.

Medically, we must seek to meet our counterparts behind the Iron Curtain. If they can learn from us that psychiatric patients are mentally ill and that having differing political views from those of the ruling class does not constitute a mental illness, this will be a breakthrough in itself. The more that we can do to educate and inform, the sooner the tyranny will collapse. We must demand freedom of travel for everyone both within and without the communist bloc. The freer the communications, the sooner the advent of sanity.

The opponents of the arms race, and I am sure that most of us come into that category, must direct their appeals to the East. They are preaching to the converted in the West. It is only common sense to present these arguments to the people with the largest army, navy and air forces as well as the most massive collection of atomic weapons.

You might say that it takes more than words to deter an implacable enemy, with an expanding empire, bent on conquest, but, as a very wise man said, 'it is better to have Jaw Jaw than War War, anytime'. To save ourselves from conquest and annihilation we must first identify and neutralize the enemy within.

MARION BIRCH

46 Long Lane
Aughton
Lancs. L39 5AT

Prescribing

Sir,
I am disappointed by the negative response of the profession to the Department of Health and Social Security (DHSS) proposals on prescribing.

It has been clear for many years that the drugs bill was becoming an unbearable burden for the National Health Service (NHS), and despite the exhortations that we should prescribe more economically, there has been little response. Sadly, neither the British Medical Association (BMA) nor the Royal College

of General Practitioners (RCGP) attempted to tackle the problem and pre-empt the current situation. Is it surprising that the Government has decided to impose controls on a profession which has failed to regulate itself? (cf. Solicitors and conveyancing.)

Given we have a strong government that will gain support from the opposition for these proposals, we must negotiate a sensible compromise. Then we will retain at least some credibility, so that if the DHSS seeks to extend generic prescribing we can be consulted at an early stage.

I would suggest that the profession agrees to the restrictions for vitamins, cough mixtures, tonics, and inhalations, since they are used almost exclusively as placebos and the generics available should be adequate. The antacid group of allowed preparations could be usefully extended to include a tablet and mixture containing dimethicone or alginate. For this purpose a low cost branded product could be specified.

The allowed generic analgesics to appear to be inadequate in excluding moderate analgesics such as codeine and dihydrocodeine, and despite objections in the British National Formulary (BNF) either of these preparations in combination with aspirin or paracetamol is popular with patients and doctors and very cheap. Curiously the laxative specified, methylcellulose, is not particularly cheap, and discussion could lead to the inclusion of other less expensive bulk-forming laxatives.

The most contentious group of restricted drugs is the anxiolytics and hypnotics. The vast majority of prescriptions in this group are totally inappropriate, and are due to repeat prescribing despite recommendations in the BNF and data sheets that these products should be used for short periods only.

Sadly as a result of their misuse large numbers of patients exhibit physical or more commonly psychological dependence on these drugs. Against this background it is difficult to find any argument against restricting the products available on the NHS, and arguments about bioavailability are laughable when most of these products should never have been made so available by doctors.

Doctors should embrace the new proposals with enthusiasm and negotiate appropriate modifications rather than hide behind the sacred cow of clinical freedom; a freedom which is used to prescribe expensive and inappropriate products of dubious value.

C.W. GOSDEN

Catbells
Orestan Lane
Effingham
Leatherhead
Surrey

Role of mini-clinics

Sir,
At the RCGP symposium on 8 and 9 November there was a discussion during the session on 'Working with other doctors' about the provision by general practitioners of community care for certain chronic illnesses such as diabetes. There are certain points which came out in the discussion which I feel should be made known to a wider audience than that present at the symposium.

Dr John Yudkin was describing the use of mini-clinics in diabetes held in general practitioners' surgeries. One of the reasons for setting up these clinics was to save money, on the assumption that community-based care is cheaper than