

Editorials

FASHIONS IN PHARMACY

WRITING in the current number of *Health Trends* (1971, 3, 41) Sir George Godber, chief medical officer to the Department of Health, reminds us that in the early 1960's there was a sharp rise in the number of deaths from asthma. In 1967 the committee on Safety of Drugs warned practitioners against the dangers of overdosage with bronchodilator drugs administered by pressurized aerosols. Since that warning, he reports, the number of deaths in the age group 5—34, which had risen sharply between 1961 and 1967, had fallen to roughly the level of 1961. A recent circular from the Department of Health draws attention to a previously unsuspected reaction with Mandrax, a drug which is already known amongst the drug taking section of the community as a pleasant drug of addiction. It appears that, taken with alcohol, it acts as a hallucinogenic drug mimicing the effects of LSD. The results of thalidomide are still present to remind us of the disasters which may follow the introduction of a new preparation. The Parkinsonism which may follow high doses of some of the tranquilizers are dramatic and though they may be reversible they are often painful.

These sudden epidemics of dangerous and sometimes fatal illness produced by therapy given in good faith are nothing new. When mercury was given to syphilitics to the point of salivation, it was done deliberately to cure an even more dangerous disease than the one that it produced, but when calomel was given in doses of ten grains or more as a routine treatment its complications and side-effects went unnoticed: when it was given as blue powders and incorporated in teething powders, the pink disease which sometimes ensued went unrecognized as a sequel to the treatment.

On page 558 of this *Journal*, Dr D. G. Wilson tells how, confident that his prescribing habits were based on the informed use of a few well-tried drugs, he set out to make a count of all the prescriptions issued by him to patients in their own homes. Over a year he found that he had used 148 different drugs. He does not say how many of these were patient-preference prescriptions and how many were based solely on his own judgement, but how, he asks, is one to teach (and to learn) the art of non-prescribing?

We have learnt the hard way that, with whatever care new preparations are assessed before being marketed, it is impossible to cover all contingencies. The yellow warning cards have been a useful method of continuing assessment of the side effects of drugs; but the evidence that they produce is small. It may be that their greatest use is a reminder that drugs can do strange things.

Fashions have ever been the bane of medicine. The general practitioner of today is every bit as much the creature of fashion as any mini-skirted minx. So he will doubtless continue, giving what he thinks to be orthodox treatment and yet stumbling into pitfalls. New preparations so rapidly appear and are so efficiently familiarized to us in the periodical press that we sometimes find ourselves using new and strange preparations without realizing that we are unfamiliar with their special properties. What can we do

about it after all is said? The old adage—Use few drugs only and be familiar with all their properties—is difficult now to follow when strange new names come with the consultant's letter, but it was good advice and well worth remembering.

DEVELOPMENTAL PAEDIATRICS

THERE are several reasons why family doctors should be concerned with this important subject. In the first instance they have a personal interest in the development of all children in their practice. A good relationship with the mother and the rest of the family is already established. Here is an opportunity to practice preventive medicine in an age group where positive results are most likely to be achieved. The techniques are easily acquired and little or no formal training is needed. The apparatus is cheap and simple. The work, however, is time-consuming but amply rewarding to the many who already undertake some kind of assesement of their youngest patients' progress.

A small number of doctors, most of them members of the College, have formed a study group to try and take matters a stage further. They have drafted a record card which they consider an improvement on existing cards. It is designed in two alternative sizes, otherwise identical; the smaller one fits existing medical record envelopes while the larger fits the new A4 folder. The practice organization committee has set up a working party and with the help of the research committee will be initiating a long-term programme to evaluate and validate this new card. At present the work is regarded as a research project and the authors hope that all those in the College who are interested in the study of developmental paediatrics will volunteer to join this project, starting with a questionnaire.

Further details are given in the Epidemic Observation Unit section on page 545. Anyone wishing to receive the questionnaire or test out the record card should complete and send in the notification form at the end of this *Journal*.