

"new preparations so rapidly appear and are so efficiently familiarized to us . . . 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?" . . .

Your contributor is indicting the profession for using new medications without fully understanding their properties and, by implication, the manufacturers for not adequately informing prescribers. Research based pharmaceutical companies, such as my own have evolved in our laboratories about 90 per cent of the therapeutic revolution of the last 25 years. We recognise that a new and potent medication is useless until doctors know that it exists; and when and when not to use it. The communication of this information may be said to be the penultimate link in the research process, the final one being its application by the clinician.

How to communicate this information drawn from world wide experience to busy physicians is a problem for the manufacturer. Surprisingly there is often strong resistance from the profession.

The implications are that modern medicaments are potent and require special caution in their use. The old adage: "use few drugs and be familiar with all their properties", is wisely proffered by your editorial. Applied too rigorously, however, this can lead to excessively conservative treatment.

Pharmaceutical manufacturers are anxious to ensure that prescribers are in full possession of all relevant information so that they can exercise their professional judgment in deciding whether a new medication has a role in their own armamentarium. The traditional methods of communicating this information comprise visits by trained medical representatives complete with the provision of comprehensive literature outlining concisely those properties of a medication which the prescriber must know and understand. May I commend to your readers, in answer to the question—what can we do about it?—in your editorial that the growth of the postgraduate medical centres surely provides a new and fruitful arena where pharmaceutical companies should be invited to present their data? In such circumstances any fallacious arguments can be adequately probed by local experts. In this way general practitioners will be able to obtain a better understanding of new drugs, with attendant benefits both to themselves and their patients.

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## REFERENCES

- 1 Wilson, D. G. (1971). *Journal of the Royal College of General Practitioners*, 21, 558.
- 2 *Journal of the Royal College of General Practitioners*. (1971). Editorial, 509–10.

## Married women doctors

Sir,

I read the extract from the College tutors' newsletter 13 (November *Journal*) with despair. Does it mention anywhere that married women doctors working part-time are not normally eligible to enter re-training programmes and are rarely even to claim financial assistance to attend postgraduate courses?

When will the profession abandon the attitude that some doctors are more equal than others?

HELEN SAPPER,

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## REFERENCE

*Journal of the Royal College of General Practitioners*, (1971). 21, 699.

## The Handedness of Kerrs

Sir,

An Associated Press article datelined, "London 4 January 1972" in the *Washington Post* indicated a survey is under way on left-handed Carr-Kerr namesakes.

I am a left-handed American Carr. My paternal side stemmed from English Kerrs, and they in turn from the German Karres. I'd be delighted to participate in the survey although I'm not too keen on knowing whether my umbilical cord was clockwise or counter-clockwise. The fact I had one and survived its twist is reasonable sufficient knowledge at this late date.

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## REFERENCE

*Journal of the Royal College of General Practitioners*, (1971). Editorial, 693–694.

Sir,

My name is Mike Kerr. I am nine years old. I live in Oklahoma City, Oklahoma. I read your article about people with the name of Kerr that are left handed. I am left handed and my father had a cousin that was left handed also. My great-grandfather Robert Samuel Kerr came to Oklahoma during the land rush of 1889.

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