

I think it might be of use for the College to prepare a small booklet on choosing a partner and would welcome comments on this.

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Fashions in pharmacy

Sir,

Mr Ronald Levin's letter (February *Journal*) cannot be allowed to pass without comment. He raises problems of great importance both for the medical profession, particularly general practitioners, and for the pharmaceutical industry.

He makes two points in his letter. First, pharmaceutical companies are encountering "often strong resistance" by the profession to their methods of communicating information about the new drugs which they have developed. Secondly, he suggests that this might be circumvented if postgraduate medical centres were to be used as an arena in which data about new drugs could be presented and submitted to "adequate probing by local experts".

Few would disagree with the latter suggestion, provided that the meetings which he envisages did not become a mere substitute of venue for the kind of lunch meetings at local hotels to which general practitioners are nowadays invited so frequently by the pharmaceutical companies.

I was interested by his assertion that there has been increasing resistance by the profession to what he describes as the traditional methods of communicating information about new drugs. I have no means of telling how widespread is this resistance, although I would be both surprised and pleased if it were really as great as he believes.

Mr Levin claims that "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". At first sight this appears eminently reasonable, and one's reaction is to applaud the industry for its concern about the need to help the profession to keep abreast of advances in therapeutics. However, the true position is very different, as I am sure Mr Levin and his colleagues in the industry will acknowledge.

Any anxiety which pharmaceutical companies feel over difficulties of communication is much less disinterested than his letter suggests. Nowhere in it does he discriminate between the educational and the promotional activities of pharmaceutical companies. I find it hard to believe that he imagines that we really regard visits by "trained medical representatives complete with the provision of comprehensive literature" as having anything other

than a promotional objective. Perhaps this is one explanation why there are signs of the traditional methods of communication between the industry and the profession becoming discredited.

At a meeting last year at the Royal Society of Medicine a senior medical adviser to a famous pharmaceutical firm was astonishingly frank about the training and activities of his firm's representatives. He freely admitted that their role was nothing more or less than that of salesmen and that they were trained to present their firm's product in as favourable a light as possible.

I know personally the medical advisers to a number of different firms. Some of them have deplored the fact that their duties include giving their representatives a biased version of their firm's products, and suggesting how the indications for the use of a given drug can be widened to include a range of conditions tenuously related to that for which the drug was specifically intended. On top of this they have to ensure that representatives are sufficiently well informed about each product that they can easily "baffle the general practitioner with a little bit of science".

I would suggest that the overriding objectives of most pharmaceutical firms are twofold—first, to persuade the general practitioner to prescribe their products in preference to drugs with a similar action made by other companies, and secondly, to persuade general practitioners to prescribe their drugs for as wide a range of conditions as possible.

I should like to make it clear that I am not taking issue with the perfectly respectable desire of any firm to make a profit from its products. Indeed, in our competitive free enterprise society to make as large a profit as possible is every firm's duty to its shareholders. My criticism of some (but by no means all) pharmaceutical firms is first that they have failed to exercise a much greater responsibility over their promotional activities and, secondly, that they do not draw any distinction between the latter and the provision of truthful, objective data about their products.

Mr Levin, while agreeing in principle with the adage quoted in your editorial (September *Journal*) "use few drugs and be familiar with all their properties", considers that if applied too rigidly, it would lead to excessively conservative treatment and, by implication, to patients being deprived of the benefits of treatment. Has he not fallen into the same dangerous position as many representatives—that of having an unbridled enthusiasm for the power of drugs and particularly the newest ones? Many of us do not share that enthusiasm. It is salutary to reflect upon how many conditions are self-limiting or are amenable to well-established forms of treatment. The sin of too conservative prescribing must be much rarer, as well as being less hazardous, than the sin of indiscriminate or excessive prescribing.

Regrettably, despite the gratifying increase in the number of lectures for general practitioners at medical centres and the like, almost all the post-

graduate education which many general practitioners receive (at any rate in therapeutics) is from the representatives, advertisements and mailed notices of the pharmaceutical firms. To return to Mr Levin's suggestion that the latter should rely less upon traditional methods of communication and more upon postgraduate medical centres, may I, in turn, make two further suggestions that he and his colleagues might consider?

First, pharmaceutical companies must make a much clearer distinction between promotion and their role, *faute de mieux*, as educators of general practitioners in therapeutics. Secondly, to achieve this (and at the same time to build up a great deal of goodwill in the profession), they should spend much more of their funds on genuine educational projects, such as supporting medical centres and sponsoring symposia, and much less on promotion.

For those of us who hold a deep conviction about the potentiality of the Health Service and the great contribution which good general practice can make to the well-being of the community, it is sad to recognise that the pharmaceutical industry is the only part of the medical scene which is financially solvent. The difficulties of obtaining financial support for research and for the pioneering of new ventures contrasts starkly with the apparent ease with which small companies spring up to copy drugs made and developed by other companies, and the lavish expenditure of nearly all companies on mailing advertisements, visits by representatives, colourful but biased films and luncheon parties at which the latter are presented.

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The handedness of Kerrs

Sir,

I was intrigued by the account in *The Times* of the left handedness of the Kerrs and the Carrs. In 1936 when in Scotland I visited Ferniehurst Castle where the steps in the towers went clockwise to accommodate the left handed sword defence of the Kerr owners.

In 1951 I became aware of the general anti-clockwise movement throughout the animal world. It appears to be more usual for movement to be made in this direction than otherwise. I first noticed the ring-making propensities of roe deer and have many pictures of these rings, which usually show by the lie of the grass or other features that the running was from left to right. Later I discovered that animals in circuses, animals working eastern water pumps, certain types of mating spiders, birds circling in an aviary, natives dancing at a Corroboree, humans entering a bank by swing doors or dancing in a ballroom, mating

hedgehogs and snail shells also show the same feature. I sought a solution.

At present, the molecular structure of muscle—DNA helix—might suggest a reason. It does not explain, however, why some animals and climbing plants do the reverse. Experiments done for me at a primary school showed that in the earliest stages of school life children circle in ring games clockwise, but as they get older the percentage that become anti-clockwise reaches about 90 per cent.

Another intriguing discovery was made during the boring of the sea floor in the Pacific. The molluscs in the first 50,000 years or so showed anti-clockwise shells; carbon dating showed that the next 50 or so years showed a mixture, then all shells went clockwise. The 'mixture' period was associated with a loss of polarity of the earth. Then with magnetism at nil the magnetic field fails to blanket the effects of cosmic rays. Possibly there is a mutation at work.

I have been collecting such information for many years, but I never dreamed that I might find a relationship in the twist of the umbilical cord. I will get this looked at in deer. I would think there is some fundamental explanation and I continue to look for supporting evidence.

F. J. TAYLOR PAGE,
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- Journal of the Royal College of General Practitioners* (1971). Editorial, 21, 693-4.

College of General Practitioners—1845

Sir,

The following article in a copy of *The Lancet* dated 20 September, 1845 has interested me and may be relevant to the problems of today. It was extracted from the *Pharmaceutical Journal* of the same month:

"The College of General Practitioners—The proposed new college has been shorn of its chief power and dignity. Medicine and surgery are cut off, midwifery is struck out, and nothing remains but a new Society of Apothecaries, an institution which can confer no degrees in what are termed the higher branches of practice. The licentiates are to have the power of recovering charges for drugs, like other tradesmen, and the standing they are to enjoy is such, that they will have not inducement to waive this privilege from notions of professional dignity. We doubt very much whether the general practitioners themselves will be contented to accept the degrading position thus offered them. We believe the opinion is gaining ground that the medical profession would be raised in character and respectability by becoming disconnected from the trading functions hitherto blended with it, and in effecting this separation, the only point on