objects are more valued than feelings, and amitriptyline seems so much more certain than understanding. As doctors, we can hardly expect our patients to tolerate the stress and uncertainty of the human condition, when they see that we ourselves cannot tolerate it.

Professor Richard Titmuss observes us sharply: " (The Doctor) may react to these situations of stress by, for example, emphasising his authoritarian role in the giving and withholding of drugs. Unable to tolerate his own inadequacies, he may become intolerant of inadequacies in his patient. He may, for other and similar reasons, attempt to remain on the pedestal on which his patients and society at large have placed him, with a lavish supply of prescriptions."

It *is* easy to write prescriptions.

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DISCUSSION

Mr G. Teeling-Smith

I think that we are talking about the problem of prescribing psychotropic drugs because they have not been subjected to the discipline of the randomised controlled clinical trials. There are very few such trials on our files. It seems to me that in this lies a potential solution.

Dr W. W. Fulton

I would certainly agree with Mr Teeling-Smith that there is very little critical evaluation compared with the enormous amount of promotion, which depends on what little there is. This is a serious criticism and a drawback.

Mr Teeling-Smith

I wonder whether in fact it is all that different with other groups of drugs. Antibiotics are very unwisely used in many situations, and here too I would like to see many more properly planned trials. In one of the American journals of psychiatric medicine, there was quite an interesting paper in which the author had analysed approximately 980 different papers on clinical trials of psychotropic drugs, and the interesting point was that he showed an inverse relationship between the effectiveness of the drug and, on an arbitrary scale, the competence of the trial.

Dr D. Mansel-Jones

Every new psychotropic drug that is given clearance for marketing in the United Kingdom gets a very thorough scrutiny. For its clinical documentation, whether work was done in the U.K. or elsewhere the claims that are allowed to support documentation sometimes may be up to 6,000 pages. I would not like this meeting to have the feeling that no one scrutinises this material. This would be quite, quite wrong. My own view is that it is impossible to get involved in comparative efforts early in a new drug's life. These must remain as subsequent and totally separate exercises.

Dr W. W. Fulton

I would be inclined to agree with that. But I do think we need some kind of MacGregor Committee from time to time, to say whether a drug is all that much better, and therefore justifying the disproportionate amount of emotion that goes on just because a drug

is new. One of the maxims in prescribing when you are dealing with a new drug is always to order it when it is new before it stops working.

I think some solution is going to come when implementation of the Medicines Act is complete, by the provision of brief, accurate, independent data sheets. The doctor will then be able to judge all the promotional material against a brief piece of information which should give him all he needs to know about a new drug.

I do not know if the Trades Description Act applies to drugs, but if they were limited subsequently to quoting no more than what was on their approved data sheets, then this would go some way towards it. I would like to see this being done by internal disciplines within the industry; I am against rules and regulations.

THE USE OF SEDATIVES AND MINOR TRANQUILLISERS

DR C. A. H. WATTS

When I returned from the war, I had very strong views on psychotherapy, and at the same time I was convinced that there was a place for both sedatives and hypnotics. The very anxious patients were grateful for a ' knockout ' capsule when they went to bed. I argued that if epileptics could consume phenobarbitone as a lifelong form of treatment then it was unlikely to harm the psychoneurotic, even if he had to take it for years on end. In those days bromides were on the way out; the barbiturates were all the rage, and as far as I was concerned they had an important place in psychiatry.

In the 1950s chlorpromazine and imipramine showed that drugs could have a profound effect on the psychoses. For the first time the family doctor was able to treat his depressed patients actively, and, under the influence of the phenothiazines, schizophrenic delusions faded into the background.

Then came the minor tranquillisers which were claimed to have precisely the same effect on anxiety as did imipramine on depression and chlorpromazine on schizophrenia. We were told that tigers doped with chlordiazepoxide behaved like friendly domestic cats. Attractive colouring of the capsules, and high-powered advertisements all had their influence. Safer hypnotics were supposed to give a more natural sleep, and they could not be used as suicidal agents.

The new sleeping tablets did help patients sleep, the tranquillisers did damp down the symptoms of anxiety, indeed they were so effective that few patients, having started, wanted to stop them. In settling the nerves they were as effective as alcohol and cheaper.

Once a patient has acquired a taste for this artificial tranquillity, or a rapid drop into the oblivion produced by the quick acting hypnotics, he panics when he tries to break the habit. Going to bed without a sleeping tablet is a trial, not only because he cannot sleep, but also because he is frightened by his strange feelings and sense of tension, all so quickly abolished if only he will take the drug. He wonders what he will feel like in the morning, if indeed he can survive to see the dawn. In any case he will never be able to do a hard day's work—and so on.

It takes several weeks to get back to normal sleep habits after a long course of sleeping tablets, just as it takes weeks to get over the craving for a cigarette, once one has decided to stop smoking. Much the same applies to the minor tranquillisers. One or two in a crisis do no harm but I suggest a week's supply after a bereavement is about the upper limit. The patient must be warned that the tablets are only to help him over