1973, his dose of prednisolone was reduced to 5 mg b.d., and the amantadine dose remaining at 100 mg b.d. He remains well. The visual acuity in the right eye is 6/6.

The evidence suggests that he had optic neuritis, which so far has run a more favourable course than could be predicted at the outset. This may simply be the natural history of a notoriously capricious condition, but the possibility that either or both of the drugs influenced the course must obviously be considered. To investigate this further, members of the North Scotland Faculty have been invited to participate in a study of the treatment of multiple sclerosis with amantadine hydrochloride.

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REFERENCE

Schapira, M. (1974). *Journal of the Royal College of General Practitioners*, **24**, 411–412.

SLEEP

Sir,

In his excellent article (August *Journal*) on disturbed sleep, Dr Candler omitted, in the section nocturnal dyspnoea, to mention that frusemide (Lasix) given at 17.00 hours is an excellent 'hypnotic.'

The diuresis is over before bedtime—also psychologically the patient drinks less whilst in the diuretic phase—and he assumes the horizontal position when at his driest. Not only is nocturia (especially if there is comcomitant right ventricular failure) reduced or abolished, but he is unlikely to develop acute left ventricular failure.

Thus I also enjoy the "hypnotic" effect, as I am not summoned from my slumbers as frequently as when I prescribed it at the traditional time of "each morning."

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REFERENCE

Candler, T. O. (1974). *Journal of the Royal College of General Practitioners*, **24**, 575–527.

WHAT IS A PATIENT?

Sir,

Your editorial on *What is a patient?* asks a relevant question in modern general practice. Certainly the doctor-patient relationship is one way of looking at the problem, but even this involves different levels of contact, namely:

(1) A person for whose physical health the doctor is responsible, i.e., one who is on the doctor's list and has the right to call on him when he (the patient) feels he is not well.

(2) A person who is under observation or treatment by his doctor for an asymptomatic variation from normality which is suspected or detected by the doctor. This includes the doctor-initiated consultation for patients "at risk" from hypertension, obesity, or minor pathological abnormalities.

(3) The person who considers he is "ill", in the sense that he does not feel his physical state is as it should be. He brings himself to the doctor for diagnosis and treatment.

These three levels of patient contact need constantly to be borne in mind for often a type 1 patient dislikes being placed in type 2 and declines to attend for routine investigations which he feels are not necessary.

Similarly the type 3 patient may have no demonstrable physical illness but is happy to be "under his doctor" for the status and respectability it confers.

We must respect the right of the patient to choose at which level he wishes to be treated, for some type 1 patients never see their doctor.

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