The letter from the Honorary Secretary of Council (May *Journal*) indicates that for economic reasons all nomination forms which are not completed in typescript will be returned to the sender. At this stage of the College's development there must be many members who did sterling work in the formative years—work which can only be fully recognised by the offer of fellowship. By the nature of things, their nominations will come from other older members who may not now have access to typing facilities. To have a nomination form returned will not only be embarrassing, but insulting. Would it not have been adequate to state on the nomination forms that these should preferably be completed in typescript?

It is doubtful if this petty decision can be justified even on economic grounds, as fellowship fees are a source of revenue. Council should be looking for ways to facilitate nominations for fellowship whilst maintaining the standards.

I appeal for the reversal of this notice.

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REFERENCE

Irvine, D. H. (1976). *Journal of the Royal College of General Practitioners*, **26**, 357.

DOCTOR–PATIENT RELATIONSHIP

Sir

I have seldom read such a catalogue of rubbish and pseudoscientific mumbo jumbo as Dr D. M. Smith's letter in the *Journal* of June 1976.

I have never been able to diagnose acute otitis media without examining an ear. I do not know of anyone who can, and I would suggest that if your correspondent thinks he does possess this magic ability, then he should communicate the criteria on which he bases this judgment to an expectant world.

I take issue most vigorously and vehemently with Dr Smith on his contention that a recently registered neurotic elderly patient arriving from a previous doctor with a string of medications upon which he or she is allegedly dependent should have "a host of slimming tablets, sleeping pills, and nerve tablets" prescribed for him/her until a working relationship has been established.

The medical profession is not only a scientific profession, it is also a caring profession, and an authoritative profession. There is no virtue whatsoever in prescribing medicines which are known to be harmful, or at best unnecessary, and deluding oneself into thinking that a rapport is being established with the patient. The sooner physicians realise that they are being used in a fairly obvious fashion by their patients, the better.

The only way to establish a working relationship with such a patient is for a frank but not unfriendly definition of respective positions when first asked to prescribe slimming tablets, sleeping tablets, or nerve tablets. To waste one's time prescribing this form of medication in the hope that as time progresses the patient's demands will become less frequent and less onerous is a dangerous delusion. It is a clear cut failure of duty to exercise discretion in the prescription of drugs.

The only techniques that I can suggest which would enable Dr Smith to achieve long term scientific satisfaction are as follows:

(1) Examine all patients thoroughly when they present to you, suggesting that they may be ill.

(2) Refuse to prescribe medications under any circumstances when you have reason to believe that they are either harmful or unnecessary.

I can assure Dr Smith that there is a certain genuine satisfaction to be obtained from practising medicine under these conditions.

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REFERENCE

Smith, D. M. (1976). *Journal of the Royal College of General Practitioners*, **26**, 453.