

forced to the conclusion that it could only have been that of the supportive psychotherapist—with a very kitchen-sink manner at that.

Nevertheless, in the assiduous attendance and dispassionate recording of every sign and symptom, we see erected the twin pillars on which the edifice of scientific and caring medicine was to be built. But who are we to smile at the naïvety of the ancient thoughts and conclusions, and what, I wonder, will posterity have to say about our efforts in 2,000 years' time—always assuming there will be a posterity to make such judgements!

This book covers a good selection of works from the corpus, and the translation is excellent. A lot of fun can be

had by reading the disease descriptions in the Epidemics and trying to come to a diagnosis (I have to admit to a low score). The Aphorisms are always worth a browse, providing, as they do, a marvellous string of bizarre *non sequiturs*. Thus: "People who lisp are especially liable to prolonged diarrhoea" and "A shivering fit and delirium following excessive drinking are bad." (Somewhere in the distance bells of crapulous compassion are ringing for that last one!)

In the books on the treatment of fractures and the description of the heart the faintest false dawn of scientific approach can be detected. The real dawn was a couple of millennia away. Perhaps also in this category is the

debunking of the Sacred Disease, epilepsy, where it is argued that its causes are, like any other disease, mundane and not divine. This must have been pretty revolutionary and unpopular thinking in those days.

There is a long introduction by the editor which I found a great help—my knowledge of the Hippocratic corpus being minimal—and wisely, textual annotation, which always interrupts the flow of reading, has been kept to a minimum.

All in all this collection is one of the best I have seen, and although I doubt whether it will attract a large readership, I am sure it will achieve an enthusiastic one.

JOHN MILES

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## REPORT

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# Learning from our prescribing

A ONE-DAY symposium on "Learning from our Prescribing" was held at Princes Gate in June under the joint aegis of the Royal College of General Practitioners and the *Drug and Therapeutics Bulletin*. The majority of the 60 participants were involved in vocational training either as trainers or as course organizers, and there was a sprinkling of teaching hospital clinical pharmacologists. Nearly every aspect of prescribing in general practice was touched on, often tantalisingly, in a series of 10-minute presentations by general practitioners giving their experiences of, or researches into, the way they prescribed.

What did it reveal? Not a pretty sight. Shock, dismay, and disbelief were the almost universal reactions of these researchers. Dubious remedies; nonsense prescribing; whole communities getting to sleep by courtesy of Messrs Roche—these revelations spurred on the doctors to mend their ways. Yet as speaker after speaker gave his personal testimony it seemed that rather than prescribing becoming rational, prescribing decisions were being rationalized.

We general practitioners often allege, in a "wholer than thou" way, that our hospital colleagues are preoccupied with treating the disease rather than the patient. But very often we ourselves seem to be engaged in treating the doctor, never mind the disease. How else

do we explain the selectivity of our *bêtes noires*? One doctor carries out a purge on digoxin, another on barbiturates, and a third slams diazepam. Occasionally a hardy spirit goes in for total parsimony and obtains staggering reductions in his prescribing rates (but how can he be sure he has not merely achieved substitution from the chemist's shop—or even from the off-licence?).

What is to be learned from this symposium? First of all, a sequel is necessary: not to attempt to tie up all the loose ends, but to examine one or two topics in depth after the initial brainstorming. Secondly, while it is tempting to retreat into therapeutic nihilism and stinginess we owe it to our patients and to our calling to establish a rational basis for effective prescribing.

Thirdly, medication has to be seen in the perspective of total patient management. Fourthly, because the doctor's apostolic functioning is never far beneath the surface, how we prescribe must have as much to do with characteristics of the doctor as with the nature of the illness or the personality of the patient.

Lastly, although individual audit is a valuable and often chastening exercise, a more reliable alternative must be sought; for instance, review by a peer group.

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