

within the agreed conditions for general practitioner vocational training. Such training arrangements are likely to be in the interest of the clinical medical officers and also of the development of the National Health Service.

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PRESCRIPTION ERRORS

Sir,

I am afraid that I found the article by Dr R. Austin and Mr A. Dajda (*July Journal*, p. 417) a bit difficult to follow. First, the assumption that it is possible to determine whether a prescription is written by an ancillary or by a general practitioner merely by commenting on their handwriting is surely unreliable. (Did the writers personally inspect the prescriptions or are their data drawn, pre-masticated, from the Pricing Bureaux?) Secondly, there seems to be a shift from the tantalizing 'errors' of the title to the dull 'inadequacies' of the text. Then, in the final two paragraphs, 'mistakes' appears again—to justify the title? Regrettably there seem to be sufficient doubts about the fundamental methodology of this paper totally to invalidate the rather uninteresting conclusion.

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BLEEDERS COME FIRST

Sir,

Dr B. D. Keighley accuses me of introducing "traditional intraprofessional sniping" in my review of Dr Douglas' book. He is hurling his grenades at the wrong sniper, for it was the author who did the introducing—I just did the chiding. This should have pleased Dr Keighley, as we both apparently share strong distaste for this pastime, although I gather he is prepared to tolerate a bit of it, complaining only that the author had "certainly overstated his case". I go further and dislike it all.

As for his plea that reviews should be "concerned only with literary merit", that would be very easy and very boring,

as any review would need to consist of only one of three words: good, bad, or indifferent, content being of no apparent concern. Perhaps that might be a good thing, as misunderstanding would scarcely be possible even if one tried.

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Reference

Douglas, C. (1979). *Bleeders Come First*.
Edinburgh: Canongate Publishing.

ROLE OF THE PHARMACEUTICAL INDUSTRY

Sir,

It was not surprising that the motion "This house believes that the responsible general practitioner will ignore the promotional claims of drug companies", debated in July at the fourth National General Practitioner Trainee Conference, was defeated. To ignore promotional claims must imply dismissal of important information about a product, a course which only an irresponsible doctor could follow. How different the debate and voting might have been had the motion read: "This house believes that the responsible general practitioner will reject some of the promotional methods of drug companies."

As it was, the conference debated a semantic, not moral, issue.

As doctors, we are ingenuous novices in a hard-nosed market place; drug houses need profits to fund research and recruit quality. Advertising, promotional publications, and patronage of the profession by sponsoring research and academic activities each provide legitimate, undisguised access to publicity which doctors must learn to handle with objective integrity. These methods, however annoying or trite, remain free from personal obligation to the company involved; while inaccurate or misleading material is subject to powerful legislation (HM Government, 1968).

However, this picture blurs in one common area of drug house activity absent from the debate: the gratuitous restaurant meal or sponsorship of a purely social event.

Such practice diminishes the relationship between drug house and doctor from one of mutual respect, permitting discussion uncoloured by personal obligation, towards one of a godfather stockpiling favours, individually owed in return for gratuitous luxuries.

However delicious the meal, it sours the palates of all but the most callous gourmand. A sense of manipulative debt stimulates the familiar bravado of the doctor who boasts that *he* can resist insidious bribery, erasing the name of drug and company from his mind at will. He allows appetite to deceive himself and betray his conscience.

To accept these invitations implies either extreme naïveté: the drug house is simply being kind; boorish cynicism: the decision to profit opportunistically without thought of appreciation or repayment; or weakminded compliance: a tacit agreement to favour that company. None of this triad can apply to the responsible general practitioner, who would shun any offer likely to create personal debt requiring future settlement.

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Reference

HM Government (1968). *Medicines Act*.
London: HMSO.

COLLEGE ACCOMMODATION

Sir,

Being a member of the College I was interested in hiring a reception room at the College, as advertised in your *Journal*, for a small party of 18 persons for two hours on a Saturday afternoon from 18.00-20.00 hours.

The occasion was very special in that the party consisted of the founder member of the Covenanter movement, which was celebrating its Golden Jubilee at the Royal Albert Hall, and his family.

I was horrified at being given a sharp rebuke by the College that it did not let out its reception rooms to small parties at unsocial times and hours (Saturday evening for two hours) and that, in any case, I would have to incur additional expenditure as a gratuity to the staff. This gratuity amounted to twice the cost of the hire of the room. None of these points are mentioned in your advertisement. I was also informed that children under the age of 12 were not allowed in the reception room.

Please could you explain these points so that other members may know fully the extra hidden expenditure of hiring reception rooms at the College, and of the many restrictions that apparently apply to the hiring of reception rooms.

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