LETTERS TO THE EDITOR

DRUG NAMES

Sir,
Having recently taken the MRCGP exam I was appalled to find the *preferred* use of proprietary drug names in the MCQ and (less so) in the MEQ paper. Even when the generic name was used first, the proprietary name was usually given in brackets, and I wonder if any doctor who does not know what salbutamol is without being given the proprietory name deserves to pass the exam!

Surely the RCGP is in favour of the *British National Formulary* recommendations of saving money by using generic drug names wherever possible? Why not set an example then in the College exam papers?

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STANDARDS IN GENERAL PRACTICE

Dr Hooper's letter (July *Journal*, p. 445) gives several excellent reasons why general practitioners should accompany consultants on domiciliary visits. In my view, one of the main advantages of such a visit is the personal discussion which takes place about the best management of the patient, often involving the family as well. This is a dimension which is lacking in the more formal outpatient referral. I was, therefore, dismayed recently to discover that it is the policy of one consultant to make domiciliary visits without the general practitioner being present. I do not know if this is the end product of the undesirable trend of non-involvement which Dr Hooper describes, or simply a defence against the insatiable demands on an underfinanced specialty. Whatever the reason, it removes most of the benefits of such a consultation. I wonder how common this practice is becoming, and whether I am entitled to refuse to sign the domiciliary consultation form next time it happens?

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SORE THROATS AGAIN

Sir,
Dr Whitfield concluded in his study (Whitfield and Hughes, 1981) that antibiotics have a very small part to play in the treatment of sore throats in adults in general practice. Since this study has been mentioned in your correspondence columns, I think it is important to record his main findings. His paper showed:

1. After consultation, more sore throats were better in three days with oral penicillin than with placebo (127 as compared with 107).
2. If treated within 48 hours of onset, more sore throats were better in three days with oral penicillin than with placebo (roughly 73 as compared with 53).

Using the χ^2 test, these results are statistically significant.

In his letter, Dr Whitfield (1981) misquotes his own results. His cases of red throat did get better significantly more quickly with oral penicillin than with placebo.

I believe that Dr Whitfield's conclusions are wrong and that, from his study at least, oral penicillin is better than placebo in the treatment of sore throats.

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References

Whitfield, M. J. & Hughes, A. O. (1981). Penicillin in sore throats. *Practitioner*, **225**, 234-239.

Whitfield, M. J. (1981). Sore throats. Letter. *Journal of the Royal College of General Practitioners*, **31**, 442.

We passed Dr Fairweather's letter to Dr Whitfield, who replies as follows:

Sir,
I am afraid that Dr Fairweather has misinterpreted the results in our paper. It is easy to see why this has happened: information in a paper has to be very concise and we were attempting to see whether there was any clinical pointer to indicate whether any sort of sore throat was worth treating with penicillin.

We stated quite clearly that no statistically significant difference was found between the penicillin and placebo treated group. We then looked specifically at day 3 after consultation, the time on the graph when there was the widest separation (about 12 hours) between the experimental and control group, and found that there were three factors that appeared to have significance at the 0.05 probability level. The statisticians tell me that when one examines a number of such variables, this low level of significance is likely to occur anyhow from time to time.

When we examined the two factors Dr Fairweather mentions for *all* sore throats studied we have the figures shown in the accompanying Table.

It is, of course, impossible to tell at the consultation whether one is dealing with a sore throat that is going to be better by day 3, so I am afraid that our device for attempting to look for a group of patients who would benefit from penicillin has served only to confuse Dr Fairweather.

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Results of treating sore throats with placebo and penicillin.

Sore throat better by day	Red throat		Sore throat present 24-48 hours before consultation	
	Placebo treated	Penicillin treated	Placebo treated	Penicillin treated
2	26	34	10	21
3	44	55	16	18
4	45	38	27	19
5	43	31	20	10
7 and over	28	19	11	9
TOTALS	186	177	84	77
	Not significant		Not significant	