tive medicine. Some people turn to osteopaths, homeopaths or acupuncturists only when orthodox medicine has failed them, others become interested in the more positive aspects of health promotion that they offer. The medical profession, being as conservative as any other, has been a good deal less enthusiastic about acknowledging the contribution of alternative medicine than it has that of self-help groups. By the same token there is a tendency among adherents of the alternative health movement to adopt an anti-NHS stance. The College of Health will encourage bridge-building between the two medicines, conventional and unorthodox, and greater awareness of what each has to offer.

Membership

It is hoped that in time local branches of the College will be set up by groups of members interested in promoting health care and education in their own communities. A number of people with whom we have had preliminary discussions have expressed an interest in helping to promote local activities. We hope too that people who already belong to local groups such as self-help groups and community health initiatives will join the College. Membership will be open to anyone with an interest in health promotion and care, and medical as well as lay people will be encouraged to join. The initial subscription could be £10 per annum. In return members will receive the quarterly magazine and have the right to buy booklets, hire videos and participate in courses at a reduced rate. They will also have the right to elect a national committee.

Advisory services

In general the College of Health will concentrate on building up links with existing organizations and networks so that wherever possible people could be referred to the most appropriate source of help near their homes. Where a national organization has particular expertise we would seek to work closely with it.

Reference

1. Pendleton D. Patients' views of general practice. *J Roy Coll Gen Pract* 1983; **33:** 5-7.

LETTERS

Letters are warmly welcomed as an important feature of News and Views. Contributors may wish to express opinions about previous articles or letters in the Journal. In addition, ideas, experiences and (clinical) observations about patients or practices may be very relevant and of interest to other members.

Editor, News and Views.

Doctors and the Pharmaceutical Industry

Sir,

Only if you believe that the post-marketing surveillance of drugs is an unimportant activity can Professor Howie's letter be justified. It is certainly a very difficult enterprise and it might be reasonable for him to say that it is so difficult and so unlikely to give benefit that we should not embark upon it. Of course, I disagree, but that would be a tenable view for him to express. He has, however, expressed neither of these points, and his letter could only be considered constructive if he had suggested better ways of carrying out post-marketing surveillance.

I know that Professor Howie takes a rather narrow view about epidemiological studies in general, and that he is much more comfortable with a tightly controlled clinical trial. I can understand and respect that view, indeed I would probably feel more comfortable myself in that situation, but it has not fallen to my lot to conduct that type of study.

The object of the early studies is to get a feedback in a comprehensive way, about the experience of general practitioners and their patients when using a new drug. In this particular case (Suprol) it happens to be a drug from a group which has given rise to perhaps more problems than almost any other, and so there is a particular need to monitor it. No, it is not naive to record the clinical indications for which the drug is used. Given that a doctor has agreed to use it, it is entirely valid to collect information about the conditions he has felt were appropriately treated with the drug. Professor Howie's view that 'efficacy, safety and overall acceptability' cannot be assessed outside a double-blind controlled clinical trial is negated every time he sees a patient and assesses the response to treatment. Of course the assessment is subjective, both on the part of the doctor and the patient, but it is that subjective response which it is valuable for us to collect. He implies that that would give an inevitably favourable view of the drug under investigation. There is absolutely no justification for that opinion. An adverse impression is equally likely to be obtained.

He has completely misunderstood the third objective 'to record the incidence of clinical events'. The whole point of this exercise, which has been termed event-monitoring, is that everything that the patient reports to the doctor should be recorded without any presupposition that it is causally related to the treatment being given.

I hope Professor Howie will now read my paper in the July issue of the *Journal*. If he has any comments on this, I should be delighted to have them.

Finally, he speaks in his last paragraph about the 'launching of unnecessary and otherwise unsellable new products'. Now he is being naive. Does he really think that any company would spend nearly £50 million on launching a drug which it believed was unsellable, or which was in fact unnecessary? We would not be having another nonsteroidal anti-inflammatory agent if any of the existing ones were really effective.

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Rural versus Urban Parasuicide

Sir,

Dr Hughes' paper (October *Journal*, p.637) presents some interesting facts but leaves some questions unanswered.

Confining a study of parasuicide to patients resorting to drug overdose alone probably underestimates the total rate in a community by about 10 per cent. It is hard to see why other forms of deliberate self harm should have been excluded.

The distinction between urban and rural patients seems tenuous. Some study patients must have lived close to