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Modern psychosomatic medicine

Sir,

I enjoyed reading the editorial 'Modern psychosomatic medicine: the emergence of an experimental discipline' (March *Journal,* pp.115-116) and agree with nearly all of it.

However, the title implies that disciplined experimental research in this field is new. In fact, much research of high quality was done 30–50 years ago in the USA and Europe. Yet this research continues to be ignored and under-valued and because young doctors and students are unaware of it and the lessons to be drawn from it, effective psychological management for many disorders remains untaught and unused. Millions suffer needlessly as a result.

My other criticism is that it is premature to be so dismissive of psychodynamic factors in the pathogenesis of disease. Weiner's criticisms of some aspects of the early psychoanalytical work, while justified, are not sufficient grounds to deny that it may still be important.[1] Because intrapsychic perception of stimuli varies between individuals and is difficult to measure, this does not mean it does not happen or that it may provoke disease.

The article mentions lack of consistency in this earlier work. In fact the agreement between competent people working independently in this field has been greater than in many other fields including psychology and psychophysiology.

Those who are rightly critical of the scientific basis for some of the earlier work are being unscientific themselves when they dismiss the potential importance of the psychic domain in research and its clinical application in psychosomatic medicine.

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Asthma Care

Sir,

I am at present collecting information for a study on the care of asthma in general practice. I would be very interested to hear from any general practitioners with a special interest in asthma, and particularly from any doctors who have performed audits of asthma care, or who run a practice asthma clinic.

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Generic prescribing from a limited list

Sir,

For the last five years I have been working in general practice under a limited list system where prescribing is always generic no matter what the doctor writes. This is the system of the General Sick Fund which insures and treats the health of 80 per cent of Israel's population.

The system works as follows. General practitioners who do not have specialist status prescribe from a formulary which has a limited selection of each type of drug and if a drug is very expensive or dangerous it may only be prescribed by a particular specialist. For example cimetidine might be restricted to initial prescription by a gastroenterologist. Family doctors with specialist status are not restricted in this way but at the moment their numbers are so small as not to affect the overall drug purchasing economics of the Sick Fund which supplies members from its own pharmacies situated in the clinics.

All prescription forms bear the legend 'sive synonym' so whether I write Inderal (ICI) or propranolol the patient will receive the brand of that drug which the Fund has purchased. As these purchases are very large the Sick Fund can negotiate preferential prices and test the quality of the particular generic drug.

Although I am not now limited in what I may prescribe, I was limited while in training and this has led to the habit of treating most complaints with a fairly small number of drugs.

Although the imposition of a limited list system by the Department of Health and Social Security may have been rather high handed and the chosen drugs insufficient to treat minor illness, it is quite clear that no insured health system can afford a situation of careless free prescribing of the most expensive preparations which the pharmaceutical industry can market.

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Scottish MONICA

Sir,

I wish to inform general practitioners throughout the United Kingdom of Scottish MONICA. This is the Scottish contribution to the World Health Organization MONICA Project, which aims to monitor trends and determinants in cardiovascular disease. General practitioners in the two study centres of Edinburgh and Glasgow are helping the project which is supported by the Scottish Home and Health Department. The Cardiovascular Epidemiology Unit, Ninewells Hospital and Medical School, University of Dundee, has a coordinating role.

The Belfast MONICA Project is a separate contribution to the international study.

A register is being established of cases of myocardial infarction occurring among residents of Edinburgh and Glasgow aged