Emergence of the literature of general practice

Sir,

In his McConaghey memorial lecture (June *Journal,* p.228) Professor Pereira Gray states, 'In 1958 two books were written by general practitioners but not on clinical care'. One of these was my book *Introduction to general practice.* In fact the first edition was published in September 1953 and clinical matters occupied all but 37 of the total 529 pages. One reviewer described the book as 'an excellent and comprehensive textbook' and there were many laudatory reviews. Eight hundred and four copies were sold in the first 10 months and a second edition followed in 1958. A third edition, expanded to 729 pages and entitled *A short textbook of general practice,* was published in 1976. The book sold continuously from 1953 to 1988. In 1977 Dr Michael O'Donnell wrote in a letter to me 'It was the first book I ever read that helpfully described the sort of medical problems that occur in general as opposed to hospital practice. I still possess my well-thumbed copy'.

In conclusion I would like to pay tribute to Dr McConaghey's work as founding editor of the *Journal.* I met him several times in committee during the early years of the College and found him to be a thoughtful and quietly inspiring man.

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Professor Pereira Gray writes: I am grateful to Dr Craddock for drawing attention to these errors and I am sorry that they occurred.

Birmingham diabetes survey

Sir,

Findings from the Birmingham diabetes survey have been published from time to time but there remains a mass of detailed data and *ad hoc* findings which will be of interest to those working in the field of the natural history and epidemiology of glucose intolerance and diabetes. Briefly, the data covers the 10-year follow-up period of the 493 glycosuric patients who were uncovered in the 18 413 population surveyed in 1970. Glucose tolerance tests were carried out on 783 non-diabetic patients as followed up at five years and 10 years. The changes in status of glycosuria and of the various categories of the glucose tolerance test were recorded along with clinical and mortality data. The findings are displayed in some of the tables. A copy of this 100 page document can be obtained from the address below. There is a charge of £2.50 to cover the cost of production and postage. Cheques should be made payable to RCGP no. 2 A/C.

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DIGEST

This month • drugs in Brazil • athlete's foot and asthma • elderly • jet lag • colorectal cancer • consultation length • lumpectomy

WEST OF SCOTLAND JOURNAL CLUB

Misuse of drugs in Brazil

HAAK, a Dutch researcher, has looked at the extent of pharmaceutical misuse by the local population in two villages in rural Brazil. Brazil has a population of nearly 200 million, 50% of whom are aged under 25 years, a land mass the size of Europe and the largest external debts in the world. The well-heeled sophistication of the inhabitants of Rio and Sao Paulo contrasts with the 80% of the population who live in poverty in the Brazilian countryside.

Haak examined 30 families with a calendar of disease and drug treatment. Fifty per cent of health problems were treated with modern medicines although only 22% of these medicines were prescribed by a doctor. The majority of medicines used were not on the World Health Organization list of essential drugs for the third world and consisted mainly of vitamins and antibiotics. The cost of the drugs per week for each family was equivalent to one days work for the breadwinner.

Vitamins were used to prevent ill health, despite the abundance of local foods, and they were prescribed by the local doctors as well as by pharmacists. In a country where the cost of an orange can be less than a penny it seems crazy for vitamin C tablets to be widely available.

Antibiotics were used for most diseases without discrimination. This has been documented before in other studies of the third world where antibiotics are freely available without prescription. This must lead to the emergence of drug resistance much more quickly than the occasional inappropriate prescribing of penicillin V for a sore throat in the UK.

This fascinating paper reinforces my own observations from a three month medical student elective in Brazil. It quantifies the problem and describes in detail factors leading to this situation, including the government's inability to control the pharmacists and drug companies, the local doctors' lack of prescribing power, and the local pharmacists' sway over the population. Local beliefs about health and treatment are also involved and must be addressed by those hoping to deal with the problem. My most vivid memory of Brazil was of the bottles of cough medicine in the government pharmacy, but nothing to treat tuberculosis, because all the money for the year had been spent on the recent election.

(J.A.)

Source: Haak H. Pharmaceuticals in two Brazilian villages: lay practices and perceptions. *Soc Sci Med* 1988; 27: 1415-1427.

Athlete's foot and asthma

INHALED fungi are known to trigger asthma and there have been a few isolated reports of dermatophyte infections causally associated with asthma. American and Swedish investigators have recently been pursuing this link in a series of reports including a recent clinical study in 12 adult male outpatients with chronic fungal infections of skin or nail, asthma and demonstrable immediate hypersensitivity to tricho-phyton. They were compared with 15 volunteers (five asthmatics) who had neither dermatophyte infection nor any demonstrable IgE response to tricho-phyton. After appropriate wash out periods from anti-allergy and anti-asthma