you junior doctors are now probably beginning to settle into your new job, and your initial exuberance may be somewhat muted by the reality of what the life of a junior doctor is really about. I hope that you can get through some of the inevitable drudgery and feelings of isolation, because I still believe that medicine must be the best profession in the world. I can honestly say that I enjoy coming to work every day and hope that you share this feeling.

I wanted specifically to let you know how things were in the past compared with now. I am sure you have heard your seniors telling you how hard they worked, how they never left the hospital, and how professional they were compared to you, who are either implicitly, or often explicitly, stupid, disorganised, uninterested, and more focused on finishing your shift than working on it.

I am too young to have experienced myself the house jobs where the doctor was resident for the entire six months—compensated, however, with a 24/7 silver service restaurant, a permanent butler, and the absence of a bleep system. When I graduated, it is somewhat longer ago than I care to recall. I had a wonderful time meeting old friends and reminiscing about our time together as students and juniors. I am also privileged to be the educational supervisor for today’s trainees, and this made me think about the differences and similarities between my generation and yours. Although I like to flatter myself with the idea that I have been perfect since I was a medical student, I reluctantly acknowledge that this has only been the case more recently. I can’t imagine that you would make some of the basic errors that I made when I was at your stage of training.

Essentially, we are all motivated, dedicated, decent people. We were lucky that we did not have to record every action and learning opportunity. It seems that you are more scrutinised than supported. You have to be focused in a way that we did not have to be, and we could spend time working in different specialties to see which suited, whereas you have to make irreversible career choices almost before you start. Our jobs would last 6 to 12 months, so at least we developed a feeling of belonging. Although we were called “the lost tribe” we were at worst leisurely nomads. You are changing jobs every few months. Not only that, but you are more scrutinised than we were at worst leisurely nomads. You are changing jobs every few months. Not only that, but the pace of medicine has changed—for example, when I was at your stage, a woman wanting to leave hospital less than five days after finishing your shift than work you do, like filling in a so-called quick electronic discharge summary. I am impressed by your intellectual curiosity and your scientific endeavours. When I compare you with those that have gone before you I am heartened not dispirited. I can’t think of anything that you don’t do as well as we did.

So, if you are entering the period of despair, which begins to set in for many juniors, please remember a few things. I wish you well for the future and hope that you enjoy your medical career as much as I do. Please ignore the derogatory comments that you will hear, and remember that if, heaven forbid, I should fall ill in the future, I would be comforted and reassured to know that you would be my doctor.

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EACH AUTHOR, I suppose, is familiar with the experience of realising the mistakes he has made the very moment that what he has written has been committed irrevocably to print. And this was so with a book of mine published this year titled The Policeman and the Brothel. I had overlooked something that should have been obvious to me, at least as a possibility.

My wife, who is a doctor, was doing a locum on the island of Jersey and I went with her. Finding myself with nothing to do there for three or four months, I researched three murders that took place there between December 1845 and February 1846, the last of them of a policeman called Le Cronier, by a brothel keeper called Madame Le Gendre, and wrote a book about them.

Among other things I discovered in the course of my researches was that about a half of all the newspaper proprietors or editors of provincial newspapers in Britain at the time were also vendors of patent medicines. This was a case of commercial synergy, since patent manufacturers were by far the largest advertisers in their newspapers. And half of the advertisements were for remedies for syphilis, therefore well, I don’t need to point out the moral.

One of the murders was by a man called Thomas Nicolle, the scion of a respectable family. Not sober, he went to a café in Saint Helier late at night and there had a quarrel with the owner over a bar tab for two bottles of champagne (six shillings). The owner threw him out, followed him, and knocked him down in the street. Nicolle went back to his lodgings, fetched a gun, returned to the café and shot at random through the shutters, killing a man called Simon Abraham, who was having a late night game of cards.

Nicolle was sentenced to death, but his advocate went to London to obtain a reprieve from the home secretary, who granted it on the grounds that Nicolle had in the past been mad. I quote now what I wrote about some of the evidence at his trial:

According to [his landlady], his behaviour appeared strange and completely inexplicable on a number of occasions. For example she had seen him beating the walls with his fists until they bled . . . One night he slept in a box in his room instead of on his bed. [She] had never seen him drunk, and said that he was known . . . as Mad Nicolle.

At the time of his madness he was learning his trade, which was that of—a hatter. Obviously, he was a mad hatter, but astonishingly and mortifyingly I missed this in my book. His symptoms, which fit no commonly seen pattern nowadays, were those of erethism caused by mercury poisoning. H A Waldron, in an article on the Mad Hatter in the BMJ in 1983 (BMJ 1983;287:1961), said that the psychotic symptoms of erethism were excessive timidity, diffidence, increasing shyness, a desire to remain unobserved, and an explosive loss of temper when criticised.

The treatment in those days was plenty of fresh air. Nicolle’s sentence was commuted to transportation for life to Van Diemen’s Land, where presumably he did get plenty of fresh air. And it might have cured him, because he does not appear in the criminal records of Van Diemen’s Land or of New Zealand, where he died.

How could I possibly have overlooked so obvious a diagnosis? But of course kind readers will point out that I have overlooked something in this article too.

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THE HA HA

A novel by Jennifer Dawson

First published 1961

The Ha Ha captures both the joy and horror of psychosis. It has previously been held up as an indictment of the treatments and morality of psychiatry of the time and admittedly it is sometimes dated, with the references to the “new mental health act” of 1959, the narrator held in hospital under “certificate,” and patients (“schizies” one patient calls them) treated with insulin, with ECT, and with lobotomies.

But this book’s depiction of the lonely estrangement of severe mental illness has rarely been bettered. The strange and shocking treatments are not heartless, and are documented without conspicuous outrage. The staff are all quite human, and there is no sense that treatments are applied out of cruelty.

We meet the protagonist Josephine as she is apparently recovering. Her alienation is simply and beautifully expressed:

“I had never really been au fait.” There is also a lovely take on autism in Bleuler’s sense, of detachment: “I did not seem able to learn exactly how the appropriate reply fitted to the prior remark.” Josephine inhabits a different world of madness from the experience in hospitals today; both more tolerant and more repressive. This is a world without perceived pressure on time and beds; the staff she describes (who read her mail) have time to talk to her, and if their attempts seem sadly somehow parallel rather than interactive, they are at least not rushed, or squeezed in between handovers and restraints.

Josephine describes very beautifully the profound disconnection, strangeness, and bafflement that anyone who has worked with those afflicted by schizophrenia must surely recognise. The writer has caught a core feature of the confusion that so often accompanies psychotic states: the search for meaning, and the misplaced certainty as to where it lies.

“Mouths clapped up and down; words shot in and out, but the room full of people seemed to have escaped me.” She is trying to find herself. “I wanted the knack of existing, I did not know the rules”; and to know what it is to be human: “I’m not a proper person at all.” She wants to understand what is real, without questioning what patently is not: “round her raced the arthropods, the pigs, the hippopotami, and the ruminants (rumin??) .”

She is confused by her label, and incapable of articulating her situation to the outside world. Madness is by its very nature repressive. This is a world without perceived pressure on time and beds; the staff she describes (who read her mail) have time to talk to her, and if their attempts seem sadly somehow parallel rather than interactive, they are at least not rushed, or squeezed in between handovers and restraints.

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The Ha Ha is worth reading.

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FROM THE FRONTLINE Des Spence

The peeved middle

I am a third child. “The older child gets all the awards; the younger gets all the love,” runs the psychological profile of we attention seeking, forgotten middle children. So it is with class. The upper and working classes are socially exclusive because success and money or lack thereof are no key to admission: you must come from a specific background. Both behave badly and care nothing what others think. Neither have time for introspection, and they live for the day.

It is the middle class, so easy to enter but impossible to leave, who carry society’s neurotism. A life spent aspiring and aping to escape our unspoken perceived mediocrity, we’re obsessed with accents, pinkie rings, schools, so called gap years, honours, Ascot, brogues, Oxbridge, professional degrees, and double barrel names. Or we are full of angry, hypocritical contradictions, vacillating between wanting to save or berate the working class. Yet the working and upper classes deliver the ultimate insult by completely ignoring the middle class. The overachieving middle class are left rejected, a morass of insecurities and obsessions.

The middle classes bring malcontent into medicine. We control and interfere, obsessed with the competition of perpetual self improvement, obediently exercising, dieting, and reducing salt. To the middle classes, health promotion is not mere guidance but a prescription for life. We are the class least likely to accept the opinion of a humble generalist and the keenest on referral to some putative best expert. Independent but dependent, free thinking yet deferential. Demanding treatment yet fretful about the potential side effects. Fearful of medicine’s professional authority, but susceptible to the spell of the Tibetan yoga therapist from Swansea selling yak milk tablets.

Unwilling to accept the imperfections of our children, we demand an explanation for the unexplainable. And although suspicious of labels we are often seduced by the comfort brought by a tag of dyslexia, dyspraxia, or autistic spectrum disorder. The middle classes are most likely to complain, so we doctors all too often give in to requests, however plainly foolish. We, the middle classes, are a healthcare nightmare.

These ideas are simply encapsulated in Julian Tudor Hart’s inverse care law: those at least risk are most likely to present for care.1 With iatrogenic harm now the scourge of modern medicine, we poor old middle classes are disproportionately the victims of overdiagnosis and overtreatment. So, doctors need insight into this phenomenon, and we must learn to say no to our social siblings to protect us from ourselves. As our exasperated and overly controlled children might say: “Chillax,” and “yolo”—you only live once.

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References are in the version on bmj.com.
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A short history of pharmaceutical marketing

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FROM THE FRONTLINE Des Spence

The middle classes are most likely to complain, so we doctors all too often give in to requests, however plainly foolish

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The pills had “positively no equal for thoroughly cleansing the system and putting the liver and kidneys in functional order without pain or gripping.” They contained aloes, powdered ginger, and soap. The profits were disproportionate to the pills’ likely therapeutic benefits and enabled him to spend the equivalent of £70m to endow Royal Holloway College.

Newspaper advertisements for patent medicines extended to the Tabloid, originally a trademark registered in 1884 for the compressed flat tablet devised and marketed by Burroughs Wellcome. The company prospered through tabloids, and Henry Wellcome left a fortune in shares to set up the Wellcome Trust.

We cannot rely on the philanthropy of drug companies. Nor are all marketed drugs necessarily benign. One 20th century advertisement showed a toddler taking tablets from the bathroom cabinet with the legend, “This child’s life may depend on the safety of ‘Distaval.’” Distaval was the trade name for thalidomide, so the advertisement may have encouraged doctors to prescribe that teratogen to the toddler’s sleep deprived mother expecting her next baby. Marketing may do harm in other ways, such as by distorting physicians’ assessment of a drug’s merits. Drug companies would have us believe that they reinvest their income in research, but it is likely that, in the US at least, they spend nearly twice as much on marketing as on research and development.1

At least unacceptable marketing practices are punished now. Here, the Medicines and Healthcare Products Regulatory Agency won a case against so called traditional Chinese medicines, claiming herbal cures for 66 conditions, including lung cancer, infertility, and acne.2 In the US the Food and Drug Administration has recently exacted huge fines from several well known drug companies.3 Perhaps marketing budgets are so high because companies use them to pay their fines.

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References are in the version on bmj.com.
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