one for him. The problem of follow-up must be considered in similar fashion, as he has failed to show us with a control series that the figures he presents are capable of improvement. Even so one wonders how many patients failed to see their G.P. again because they knew they were seeing a psychiatrist. (Dr. Johnson saw each patient himself over a considerable period of time.)

We would challenge Dr. Johnson's belief that the doctor-patient relationship in general practice is dependent on whether the patient thinks he is known to the doctor and point to the importance of such factors as reputation in one's own community, management of a next-door neighbour's illness, approachability, access to records, continuing responsibility, and the hundred and one other factors that contribute to first-class primary medical care. We utterly reject the belief that the value of such a complex relationship can be assessed in retrospect by a few simple questions about whether the doctor's attitude had been helpful. Despite this we note that only 8% expressed dissatisfaction.

Dr. Johnson states that the resolution of stress factors had a statistically significant positive correlation with improvement in the patient's condition and criticizes G.P.s for not removing stress through the social agencies. If only it were so simple! Even assuming that stress can be removed in this way, he has no right to assume that this would necessarily help the depression. Cure the depression and the patient can often handle his own problems.

We conclude that Dr. Johnson's opinions are unsupported and do not carry sufficient weight to justify widespread criticism of general practice.—We are, etc.,

A. D. CLIFT
DAVID BROOKS
J. A. MAUDAR

Manchester

Efficacy of Measles Vaccination

SIR,—It may be sheer luck that deprived Dr. S. S. Sanders (21 April, p. 175) of the chance to see measles among the vaccinated children in his practice. We have been notified of such cases sporadically over the years, and this year I have bagged 14 so far in this borough as a whole.

I believe that live attenuated measles vaccine (Mevilin-L) is expected to immunize only 85% of the susceptible children. An immunization rate of over 90% of the susceptibles would be needed to establish herd immunity adequate to keep the wild virus at bay. It is unkind of a public health doctor to destroy beautiful illusions about the immunization procedures. But Dr. Sander's dream of a measles-free practice could still come true—if the 90% immunization rate is achieved. Perhaps we need another massive campaign.—I am, etc.,

J. K. ANAND
Deputy Medical Officer of Health,
London Borough of Redbridge

Ilford, Essex

Advertising of Antibiotics

SIR,—It is with great interest that I read the letter by Drs. J. D. Williams and A. M. Geddes (14 April, p. 116) concerning the

advertising of antibiotics. Unfortunately the examples they cite are by no means the only ones a doctor is exposed to, and it is often difficult to view objectively the claims thus made in the absence of readily accessible and unbiased comments in the journals, the personal experience of any one doctor being generally too limited.

In my view any attempt to "curb the enthusiasm of commercial colleagues" is doomed to failure by the forces of a competitive market and freedom of speech. Surely it is better to attempt to educate and enlighten, perhaps in the Medical Practice section of the *B.M.J.*, by an on-going series of general articles on chemotherapy by recognized clinical pharmacologists, similar to the lectures one received as a medical student. Such a series, while in no way attempting to dictate patterns of treatment, might at least provide some guide lines on the indications for and the effectiveness, cost, and risks of, otherwise extensively and exuberantly advertised preparations, and would no doubt stimulate much useful discussion in these columns.—I am, etc.,

F. J. BORCHARDT

Pershore, Worcs

** Several such articles on the principles of chemotherapy and the use of individual agents have appeared in the Today's Drugs series in the *B.M.J.*, and a new series entitled "Therapeutics Today" is scheduled to start in the autumn.—ED., *B.M.J.*

SIR,—In their letter about current pharmaceutical advertising Drs. J. D. Williams and A. M. Geddes (14 April, p. 116) identify specific flaws which could be hazardous for individual patients. But wider issues are raised by their properly critical advice:

For example, I would suggest that (1)—no broad-spectrum antibiotic should be used for throat infections (for example, the tetracyclines are often ineffective and can occasion oropharyngeal moniliasis and tongue soreness); (2)—no systemic antibiotic should be used for staphylococcal infections limited to the skin and unaccompanied by fever or malaise (resistant strains may emerge, hypersensitivity may result, and the clinical benefit is uncertain); and (3)—no antibiotic or chemotherapeutic agent should be used for non-invasive bowel infections—except perhaps when a shigella or enteropathic coliform organism is responsible (oral therapy is clinically irrational, and when other specific pathogens are isolated they are usually unaffected by antimicrobial treatment).

A decade ago I drew attention¹ to the questionable practice of publishing advertisements which encouraged the use of sulphonamides in gastrointestinal infections. Nevertheless, elegant promotional variants still appear regularly in the pages of the medical press. Our colleagues in commercial pharmaceutical practice might (paradoxically) encourage financial as well as ethical advantage for their companies by a tacit acknowledgement of the above facts.—I am, etc.,

J. P. ANDERSON

Chest and Isolation Hospital,
Taunton

¹ Anderson, J. P., *Lancet*, 1963, 1, 1104.

Prescribing Mandrax

SIR,—It is regrettable that Dr. C. G. Brown (7 April, p. 54) is so "nauseated" by "ivory tower boffins" of the Department of Health and Social Security who politely draw his attention to his prescribing of methaqualone and diphenhydramine (Mandrax). There can be no doubt that monitoring of prescribing by family doctors is desirable; it becomes essential when a drug such as Mandrax, scheduled under the Drugs Prevention of Misuse Act, continues to be prescribed to the extent of two million prescriptions by family doctors in England and Wales each year.

The so-called boffins are wise to draw attention to the prescribing of Mandrax which, Dr. Brown writes, is misused by "a small minority." A small minority can mean almost anything, but Mandrax in certain towns is the most popular drug for misuse. The voluntary ban on the prescribing of amphetamines has resulted in the absence of amphetamines available for theft from chemists' premises; similarly a ban on Mandrax prescribing could have a favourable effect. Methaqualone is a drug with strong addictive potential, a fact not mentioned by Dr. Brown, who prescribes it for "just over 1% of the patients on [his] list."

Dr. Brown is "very pleased to report that [he has] yet to have a suicide from Mandrax" and contrasts this with his previous experience with barbiturates. Statistically, he is very likely to encounter such an event from Mandrax, for I am informed by the Department of Health and Social Security that prescriptions in England and Wales written by family doctors for barbiturates have fallen from 17 million in 1965 to 12 million in 1971; those for Mandrax have risen from 45,000 in 1965 to two million in 1971. In Edinburgh the number of admissions to hospital for "attempted suicide" by Mandrax has risen from zero in 1965 to 10% of all adult self-poisonings in 1972. The corresponding figures for barbiturates show a fall from 60% in 1965 to 18% in 1972.

Dr. Brown avoids prescribing barbiturate hypnotics. I would heartily endorse such a practice but would advocate that methaqualone, either alone or in combination with another drug, also be not prescribed. A suitable alternative exists—namely, nitrazepam (Mogadon). It is not subject to misuse and not addictive, and no authenticated death from it has yet been reported.—I am, etc.,

HENRY MATTHEW

Regional Poisoning Treatment Centre,
Royal Infirmary,
Edinburgh

"The No Touching Epidemic"

SIR,—The "Personal View" by Dr. P. N. K. Heylings (14 April, p. 111) prompts me to a reaction of grateful delight as to both the topic and its approach. No doubt the manifestations of the "no touching disease" are more clear-cut in your country than elsewhere in Europe, but, nevertheless, this condition is to be found all over the place in Germany, too, and particularly among the medical profession. And in my opinion, the problem here is even more difficult and I should like to say threatening, as in many cases of this disease diagnosis can't be established until irreversible damage is done. The