looked dishevelled, and he walked around with his trouser fly open. He refused a Wilkinson vigilance test and seemed scarcely able to keep his eyes open. He and his wife insisted that he should spend the night without the electrodes. He was constantly observed till bedtime, when he demanded to be allowed up during the night to go for walks. This was agreed to and electrodes were applied. He and his wife talked loudly through the early night. He was out of bed from 2 am to 3 am. At 4 am he asked whether enough recording had yet been made. At 4.20 am he again got out of bed and stayed up until 5 am. At 6 am he fell asleep and slept, snoring loudly, till 8.30 am, when his wife woke him. He appeared disorientated, begged to be allowed to sleep, and said he must have been cured by an injection. The EEG appearances of slow-wave sleep and rapid eye movement (REM) sleep had been normal.

It was later put to him that the nurses at the National Hospital might have been correct in thinking he slept for two to four hours nightly, and that perhaps he underestimated his sleep. He and his wife departed angrily, he driving the car. In all things he had been dramatic, and each time he had completed the Stanford Sleepiness Scale, with its scores 1-7. He created a category 8.

Comment

People differ in their natural durations of sleep: some are happy on three hours' or less.^{1,2} Among the many investigations on this man only the CAT scan ever suggested abnormality. Dementia is associated with less sleep,³ but here was no clinical dementia, unless in his seeming unawareness that others must see him as an egotist. He may have been always a short sleeper, who, surrounded by medical opinions, cashed in on it. Dramatic statements about lack of sleep remain unreliable.

We thank Maureen Tomeney and Dr Colin Shapiro.

¹ Jones HS, Oswald I. Two cases of healthy insomnia. *Electroencephalogr Clin Neurophysiol* 1968;24:378-80.

² Meddis R, Pearson AJD, Langford G. An extreme case of healthy insomnia. *Electroencephalogr Clin Neurophysiol* 1973;35:213-4.

³ Feinberg I, Koresko RL, Heller N. EEG sleep patterns as a function of normal and pathological aging in man. *J Psychiatr Res* 1967;5:107-44.

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Gift giving to hospital doctors—in the mouth of the gift horse

And thou shalt take no gift:
for a gift blindeth them that hath sight,
and perverteth the words of the righteous

—EXODUS, xxiii, 8.

Giving gifts by patients to medical staff is a widespread and common feature of hospital life. Despite the apparent frequency of gift giving and its reflection on the doctor-patient relationship, there are few published reports on the subject, and for this reason we undertook a prospective study of the experience of junior hospital doctors over a three-month period.

Methods and results

An explanatory letter was circulated to all 134 junior hospital doctors in the St George's group of hospitals. Letters were sent monthly for a total of three months from May to July 1979. The doctor was asked to indicate whether he or she had received a gift during that month. A follow-up questionnaire was then sent to those who had received a gift.

During the three months 374 questionnaires were sent and 295 replies obtained—a 79% response rate. Some 58 gifts were received during the study period, which represented 20% of the respondents. The table shows the departments of the hospitals in which the recipients worked. Four doctors received three gifts in three months and eight received two gifts. Forty of the 58 doctors who said that they had received a gift replied to the follow-up questionnaire (69%). The monetary value of the gift was usually below

Numbers of respondents to the initial questionnaire and the incidence of gifts according to department

Department	No of questionnaires sent	No of questionnaires returned	No (%) of gifts received
Accident and emergency	16	15	2 (13)
Anaesthetics	37	24	1 (4)
Cardiac surgery	12	11	2 (18)
Dental	26	16	3 (19)
Dermatology	7	6	2 (33)
Ear, nose, and throat	2	2	0
Geriatrics	9	9	1 (11)
Infectious diseases	9	8	1 (13)
Intensive care unit	3	3	0
Medicine (general)	34	27	5 (19)
Neurology	3	0	0
Neurosurgery	13	8	3 (38)
Obstetrics and gynaecology	20	16	12 (75)
Ophthalmology	5	5	1 (20)
Orthopaedics	11	5	2 (40)
Paediatrics	15	9	2 (22)
Pathology including haematology	43	37	0
Physical medicine	5	5	0
Plastic surgery	4	1	1 (100)
Psychiatry	51	51	13 (26)
Radiology	15	15	0
Surgery (general)	34	22	7 (32)
Total	374	295	58 (20)

£5, although one doctor received a cheque for £20. Alcohol (16 doctors), boxes of chocolates (six), and money, usually in the form of cash (four), were the most frequent gifts given. Only three doctors said that they had expected a gift from that patient. Twenty-two of the doctors felt that the patient had given the gift out of a feeling of gratitude, but two were given the gift before any investigation or treatment was started, two were given gifts by patients they had seen only very briefly in their stay, and three thought that the gift had been given in an attempt to manipulate them. Relatives gave a gift on behalf of the patient in a further two cases. One doctor refused a gift. The reaction to the gift was one of pleasure and surprise in most cases, but nine doctors stated that they felt embarrassment on receiving the gift.

Discussion

The interest generated among doctors invited to participate in this study is reflected in the high response rate to the initial questionnaire. Surgeons in general received more gifts than physicians, which is not altogether surprising, as surgical intervention in an illness often produces benefit more apparent to the patients than medical treatment. The obstetricians, by "giving" the patient the healthy child she hoped for, may expect to receive a token gift in return.

The presence of factors other than gratitude may partially explain the feelings of embarrassment experienced by nine of the doctors, feelings which may also be induced by the sense of obligation associated with receiving a gift.¹ This feeling of obligation may taint the doctor-patient relationship, leading to later regret at having accepted the gift.

The results of this study suggest that gifts to doctors are common and usually reflect gratitude. Some gifts, however, will place the doctor in a position of obligation to the patient and occasionally the present is an obvious attempt to gain preferential treatment or represents manipulation.^{2,3} Gifts of cash are considered unacceptable by some,⁴ and careful consideration before acceptance is recommended. It is perhaps due to the very ubiquity of gift giving in hospitals that its full meaning has escaped the notice of students of patient-doctor communication.

We thank Mrs V Minton of the medical staffing office, and all the medical staff who co-operated with us in this study.

¹ Schwartz B. The social psychology of the gift. *American Journal of Sociology* 1969;73:1-11.

² Anonymous. Gavor fran patienter. *Tioskr Sver Sjudskot* 1976;43:47-8.

³ Gordy H. *Am J Nursing* 1978;78:1026-8.

⁴ Anonymous. Accepting gifts. *Nursing Times* 1974 Jan 17.

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