



There are many information leaflets available to help patients take their drugs.

Patients bringing tablets at each visit presents opportunities for:

- Making sure that patients have all the drugs they should have and in the correct strengths
- Demonstrating the correct method of using an inhaler
- Ensuring that glyceryl trinitrate is kept in a dark bottle with a foil lined cap and no cotton wool padding
- Monitoring compliance

(4) *By educating the patient*

Educating patients about the nature of their condition and the necessity and aims of treatment is known to improve compliance in certain conditions (for example, glaucoma and diabetes mellitus). Patients' perception of their own health, however, may be more important than how well they understand their underlying illness, and there is evidence that intensive education programmes do not necessarily improve compliance.¹ None the less, education of the patient is always to be encouraged, and if it does improve compliance then so much the better.

Compliance can also be improved to some extent by rewarding compliant patients with praise and by reminding and encouraging patients whose compliance is poor. Patients can also be helped by information leaflets, such as have been proposed by the Royal Pharmaceutical Society for eye drops, eye ointments, ear drops, nose drops, pessaries, and suppositories.

All patients should be encouraged to bring their tablets with them at each visit as this allows the doctor to know exactly what drugs the patient is taking, to identify precisely any drugs that the patient could not otherwise tell him or her about or whose dosage is uncertain, and (to some extent) to monitor compliance. Having the tablets in front of you can be very helpful in sorting out some of the practical aspects of drug treatment.

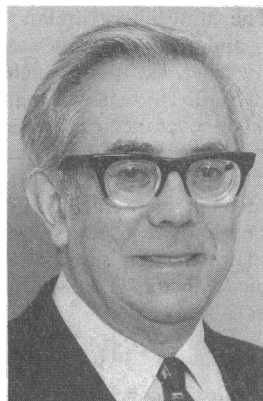
Other ways of helping

Finally, patients usually find it helpful to have a clearly written list of their current drugs with dosages and frequency of administration. Clear labelling on medicine bottles also helps.

- 1 Rashid A. Do patients cash prescriptions? *BMJ* 1982;284:24-6.
- 2 Griffith S. A review of the factors associated with patient compliance and the taking of prescribed medicines. *Br J Gen Pract* 1990;40:114-6.
- 3 Caron HS, Roth HP. Patients' cooperation with a medical regimen. Difficulties in identifying the noncooperator. *JAMA* 1968;203:922-6.
- 4 Sackett DL, Haynes RB, Gibson ES, Hackett BC, Taylor DW, Roberts RS, et al. Randomised clinical trial of strategies for improving medication compliance in primary hypertension. *Lancet* 1975;i:1205-7.

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OBITUARY



W Sniper

W SNIPER FFARCS

Of his 38 years in anaesthetics, Woolfred Sniper spent 25 at Glasgow's Victoria Infirmary. He pioneered the use and teaching of techniques to relieve chronic pain; the establishment of the present network of pain relief clinics in Glasgow owed much to his enthusiasm for the subject.

His first consultant post was at Stobhill Hospital, where he did much to organise formal teaching of juniors. After five years he moved to the Royal Alexandra Infirmary in Paisley as consultant in administrative charge. In his final consultant post, at the Victoria Infirmary, he continued his teaching and organisational roles as well as running the anaesthetic department's library. Perhaps his greatest contribution, however, was in pain relief. His interest in the use of nerve blocks to relieve pain in cancer and post-operative pain led to an interest in chronic pain, and in 1975, with a colleague, he started the first outpatient service for patients with chronic pain in Glasgow. He became a founder member of the Glasgow Pain Group in 1976 and for many years was a member of the Intractable Pain Society of Great Britain and Ireland (now the Pain Society).

Woolfred, who was proud of his Jewish heritage, devoted considerable time to charitable work in the Jewish community in Glasgow. He enjoyed only a relatively short retirement before being overtaken by gastric cancer and is survived by his wife, Doreen, to whom he was married for 38 years. — J H MAULE

Woolfred Sniper, formerly a consultant anaesthetist at the Victoria Infirmary and associated hospitals, Glasgow, died 9 June aged 67. Born Glasgow, 20 June 1925; educated Queen's Park School, Glasgow, and Glasgow University (MB, ChB 1948). Registrar and senior hospital medical officer at Victoria Infirmary, Glasgow, then senior registrar and consultant at Stobhill Hospital, Glasgow, and consultant at Royal Alexandra Infirmary, Paisley.

P FORGACS MD, FRCP

Paul Forgacs's interest in chest disease prompted him to take a post as superintendent of Kettlewell Sanatorium, where he introduced an accelerated programme for patients with tuberculosis. With the advent of antituberculous drugs and the increasing understanding of respiratory function he set up a laboratory at Joyce Green Hospital solely to analyse the results of respiratory function tests, and this later moved to the Brook Hospital, where he practised until his retirement.

A prolific writer, he was particularly interested in lung sounds, and his interpretation of their causes shed new light on Laennec's classification. In his youth he had studied flute and piano at conservatoire level, and he used the knowledge acquired then in applying physical principles to the noises produced in the lungs: his logical explanations of the crackles and wheezes were a boon to students and chest physicians everywhere. He travelled widely lecturing on this subject, being fluent in many languages. A gifted teacher, he

of the scientific horticulturalist. Selfless, and enthusiastic in his interests, he would oblige any cause seeking his help: he launched the first tutorial meetings of the Scottish branch of a new multidisciplinary professional society with such success that it continued to gather impetus for as long as he retained membership. He is survived by his wife, Anna, and their seven children and 11 grandchildren.—STRUAN J T ROBERTSON

James Allan Crockett, formerly a chest physician at Knightwood Hospital, Glasgow, died 3 June. Born Glasgow, 4 October 1911; educated Glasgow High School, Glasgow University (MB, ChB 1933). Won scholarship to Carlo Forlanini Institute, Rome. Worked in colonial medical service in the Gold Coast, then as assistant medical officer at East Fortune Sanatorium, Drem. After retiring from hospital work became general practitioner in Glasgow.

D T PRESCOTT

FRCGP

At the end of the war Donald Prescott was among the first to set eyes on the scenes at Belsen that shocked the world. For his work at Belsen he was mentioned in dispatches and decorated by the Czech government.

In general practice he combined clinical ability with service to the profession and community. Secretary of Bishop Auckland division of the BMA for 21 years, he was subsequently elected a fellow of the association. He was a former provost of his faculty of the Royal College of General Practitioners and helped to establish postgraduate education in the district. He was a long serving member and sometime chairman of Durham Local Medical Committee and Durham Family Health Services Authority and a member of South West Durham District Health Authority. Among his clinical appointments he was hospital practitioner at Tindale Crescent Hospital for 28 years. By the time he retired he had seen the hospital transformed from a local authority fever hospital to a modern geriatric unit.

Donald took a leading role in many aspects of community life, including sporting and cultural activities. His crowning achievement was his inspired leadership of the South West Durham Scanner Appeal Fund. He is survived by his wife and his daughter and son, both of whom are consultants in the medical profession.—A J A FERGUSON, C WAINE

Donald Thompson Prescott, a general practitioner in Bishop Auckland 1946-86, died 7 August aged 72. Educated King James I Grammar School, Bishop Auckland, and King's College Medical School, Newcastle upon Tyne (MB, BS 1942). Served in Royal Army Medical Corps 1943-6, being deputy director of army medical services in northern Palestine 1946 and becoming major (mentioned in dispatches).

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physical principles to the noises produced in the lungs: his logical explanations of the crackles and wheezes were a boon to students and chest physicians everywhere. He travelled widely lecturing on this subject, being fluent in many languages. A gifted teacher, he encouraged students to arrive at their own conclusions by carefully planting clues and by emphasising logical reasoning.

Paul had a sparkling intelligence and a fine sense of humour; you felt uplifted in his company. He is survived by his wife, Eileen, and two sons, one of whom is a consultant physician.—W E MAHON

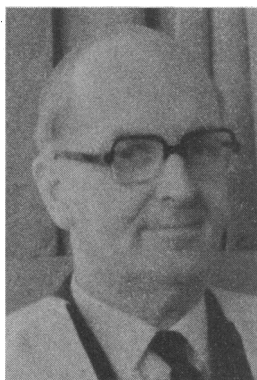
I C FORGACS writes: An investigation into the noise of machine guns and wounded animals that emanated from his study into the early hours would find my father listening intently to stethoscopic highlights from that morning's clinic—played at slowest speed and maximum volume on a reel to reel tape recorder. A talent for acoustics, love of music, and lasting enthusiasm for lung physiology led him to a series of studies that revealed the genesis of crackles and wheezes. His book, *Lung Sounds*, was translated into seven languages and brought him international recognition late in his career. He died of cancer.

Paul Forgacs, formerly a consultant chest physician to Greenwich Hospital group, died 12 August aged 78. Born Hungary, 1914; educated in Hungary and at Guy's Hospital (MB, BS 1939). Medical registrar at Guy's Hospital and Farnborough Hospital, Kent. Served in army in Britain and Italy, becoming lieutenant colonel. Superintendent of Kettlewell Sanatorium, then worked at Joyce Green Hospital, Dartford, and Brook Hospital, London.

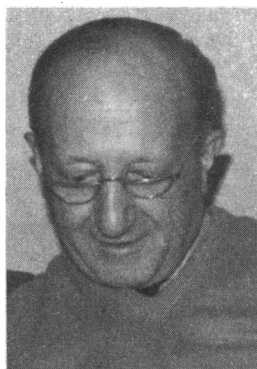
Ian Gordon, OBE, BSC, FRCP, FRCPED, formerly a consultant physician in Aberdeen, died of a cerebral haemorrhage on 6 March aged 82. Born on 7 May 1909, he graduated MB, ChB at Aberdeen University in 1932. He became assistant physician at Aberdeen Royal Infirmary in 1937 and during the war served in a general hospital in Cairo, being awarded the OBE. He resumed his position at the Royal Infirmary in 1946, was physician in charge of wards 1948-60, and was senior physician 1960-74. The atmosphere in Ian's wards was always friendly, and everyone enjoyed working there. A successful teacher, he spent much time with students and junior staff. He believed that the young should be allowed to discover their problems and that this could be achieved only by giving them reasonable opportunities, but his support was always available. He had a long and happy retirement. His non-medical interests included music, fishing, and helping his wife, Addie, to maintain their showpiece garden. He is survived by Addie (a doctor), a daughter, and three sons (two are doctors).—W R GAULD

Sachindra Nath Ghosh, BSC, FRCS, FRCS(ED), who had worked in several surgical specialties in hospitals in the midlands, died of cancer on 28 July. He graduated from the National Medical College in Calcutta in 1959 and came to England in 1962, working in Nuneaton as a general practitioner for a few years. He then worked in accident and emergency, general surgery, cardiothoracic surgery, and orthopaedics in Walsall, Birmingham, Worcester, Blackpool, Coventry, and Stafford. My husband loved sports cars, gardening, cooking, and travelling and was very much a family man. I and our son, Sandip, survive him.—MALLIKA GHOSH

A service of thanksgiving for the life of Dr Cicely Williams (obituary, 1 August, p 307) will be held at Somerville College, Oxford, on Saturday 31 October at 11 am.



D T Prescott



P Forgacs