Association serve the interests of its members overseas that it developed the largest professional empire of this kind, and, like the Jamaica Branch, many of the national medical associations in the now independent countries of the former Commonwealth are affiliated to it today. The growth and metamorphosis of the B.M.A. overseas has hitherto received no more than passing mention, so that a recent short history of it by Terence J. Johnson and Marjorie Caygill is particularly welcome.

For the increasing number of doctors going overseas in the armed Forces or civilian government service the B.M.A. was well placed to fight their battles in distant Whitehall. At the same time locally it provided a bond and encouraged the upholding of high standards of conduct. It is worth noting that it often served to do abroad what a separate body it virtually created, the General Medical Council, was doing at home, and that is distinguished qualified from unqualified practitioners. So the recent proposal from Myrle Sim that it should now assume this role in Britain deserves looking at in its historical context. But as well as providing expert negotiations the B.M.A. on occasions had to use all the skill and tact it could summon to hold its own members together, for the aims of serving officers and private practitioners, whether indigenous or expatriate government employees, could be as incompatible as they were unyielding. Johnson and Caygill are impressed by the B.M.A.'s "flexibility of outlook and its determination to maintain its Empire role." Instead of conferring a qualification to practise, as some other professional bodies do, "it offered the advantages of its journal, its prestige, and a truly international organization," and one too that employees of the Service departments or the Colonial Office were delighted to find could "treat with government on its own terms."

The continuing links through the bond of affiliation between the B.M.A. and nearly 20 former branches overseas, now independent associations, are a reminder that Britain has many obligations, tutorial and friendly, to doctors around the world who have at least one thing in common. That is a desire to continue in association with a profession here whose traditions they share and value. Moreover, the creation of the Commonwealth Medical Association in 1962 at the instigation of the B.M.A. gave formal expression in a modern context to the B.M.A.'s traditional relationships with its former overseas branches. These newly established separate associations together with the B.M.A. were in this way enabled to remain linked as fellow members of the C.M.A. It is also particularly fitting that the custom of every so often electing a distinguished member of an overseas association as president of the B.M.A. should be continued. This year it has been observed in the election of Dr. Peter Banks to the presidency of both the Canadian and British Medical Associations.

2 Sim, M., British Medical Journal 1973, 3, 110.

Comfort without Drugs

Concern about the prescribing of psychotropic drugs again found expression at a symposium sponsored by the Department of Health and Social Security last year and now published as a special supplement to the Journal of the Royal College of General Practitioners. Four out of five adults and nearly six out of ten children were found in a 1969 inquiry financed by the Department to be taking one or more medicines in a two-week study period. Psychotropic drugs formed the largest single group of prescribed drugs in terms of prescriptions and cost. In 1971, 47.8 million such prescriptions were dispensed by N.H.S. pharmacists in England and Wales, accounting for just under one in five of all Health Service prescriptions. It is not surprising that the advent of effective psychotropic drugs has been associated with an increase in the diagnosis of psychiatric disorder in general practice, but less easy to explain is the rise in the rate of psychiatric referral and admission to psychiatric hospitals with a diagnosis of depression. It is possible that antidepressant drugs are prescribed in inadequate dosage in many cases of depression, but the number of prescriptions suggests that these drugs are often prescribed inappropriately.

Several speakers observed that doctors appeared to have a need to prescribe even when they had recognized a psycho-social basis for their patients' complaints and knew the drugs they used were inherently hazardous. Yet there was a remarkable measure of agreement on the efficacy of doctor plus placebo in a wide variety of disturbances, though it seemed that potent drugs in small quantities were often prescribed in preference to harmless placebos. One speaker observed that reports of adverse reactions to drugs seemed to produce emotional disturbances in the public, the press, politicians, and, strangely, in doctors themselves. Doctors prescribing drugs naturally find it difficult to accept that these may do their patients more harm than good. Their reluctance to employ placebos may thus be compounded of a feeling that an active drug is better than nothing and a failure to appreciate the hazards of pharmacological activity.

Much of the so-called excessive prescribing is in the form of repeat prescriptions, and evidence was cited to suggest that this is often a device adopted as a means of maintaining some kind of therapeutic relationship between patient and doctor over many years without involving either in a more psychologically disturbing and possibly traumatic encounter. Another approach was attempted in one practice where at different times two groups of patients were followed up after being given a hypnotic drug for insomnia of recent origin, and repeat prescriptions were given on request. In one group no advice was given and at the end of the year 32% were still taking the drugs. In the other group, who were advised that it was desirable to stop the drug as soon as possible, only 8% were still taking a hypnotic after one year.

The symposium ended with more questions than answers, but some facts emerged. The prescribing of psychotropic drugs does seem to be excessive, and some reduction is desirable on many grounds. When they are prescribed it should be for a specified and preferably short period. Drugs need to be prescribed in adequate dosage but on specific indications, and the value of the inert placebo needs to be rediscovered. What is most needed is a change in attitudes of both doctors and patients towards the use of drugs. Perhaps we need to be more concerned with care and less with cure, able to recognize that not all situations can be resolved, not all illnesses can be cured, and that the understanding, comfort, and reflective discussion the patient seeks do not necessarily require a pharmacologically active vehicle.