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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Drug monitoring and adverse reactions

SIR,—I have read with interest the recent contributions to your columns regarding improved means of identifying adverse drug reactions.¹⁻⁴ I am particularly interested in the debate on the direct involvement of patients in this process and would like to report a recent experience.

In a comparison between high-dosage cotrimoxazole (three tablets twice daily for seven days) and phenoxypenicillin in the treatment of suspected streptococcal sore throat patients recorded their own progress daily on numbered, reply-paid postcards to be returned after two weeks. The cards included a blank space for recording and describing side effects. One hundred and thirteen of 139 patients (81%) returned cards. Of 58 cotrimoxazole-takers, eight (14%) reported rashes, 11 (19%) gastrointestinal side effects ranging from "painful swollen tongue" to "nausea," and four (7%) non-specific complaints. The 55 penicillin-takers acted as controls, having presented similar illness and been investigated and prescribed medicine similarly. Fifty-five penicillin-takers reported no rashes and no gastrointestinal side effects and six (11%) non-specific complaints.

The following points are relevant to the present debate:

(1) Six of the eight rashes (all apparently macular and in adults) appeared on the last day of treatment or later, beyond the time of planned clinical observation. Only five of the eight were reported to the general practitioner.

(2) One of the rashes was initially diagnosed by the doctor as rubella; however, subsequent serological examination showed this diagnosis to be untenable.

(3) An error of documentation by one doctor

resulted in the incorrect initial reporting of two rashes as being in penicillin-takers. This resulted in the trial continuing beyond the point of unacceptable incidence of side effects.

(4) A referee who advised against publication of the findings described above as a "Short Report" included in his comments the opinion that "gastro-intestinal side effects... are not usually complained of from this drug" and concluded that the study and method used were "quite unfair to" cotrimoxazole.

This is not my first experience of obtaining a high response rate and valuable information by patient reply card⁵ and I wish to support strongly the suggestion by Dollery and Rawlins¹ that this inexpensive method be used more fully. A degree of patient selection is probably necessary to exclude those unlikely to co-operate adequately and a form of random allocation between study drug and conventional drug or placebo required as a control for the method of surveillance. At the same time I must record serious reservations about the methods proposed by Crombie.⁴ Retrospective use of morbidity data is surely the method least able to compensate for under-reporting by patients and has no defence against non-recognition of events, especially apparently minor ones, by the doctor. No check of patient compliance can be included and assessment of the possible role of concurrent or self-medication cannot be adequate. Further, the matching of patients receiving a drug for one illness with those consulting for different disorders or not consulting for any illness can be justified only if there is evidence that the different groups of patients recognise and report illness with the same frequency, unless of course the event being evaluated is

of a kind unlikely to be overlooked by patient or doctor.

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¹ Dollery, C T, and Rawlins, M D, *British Medical Journal*, 1977, **1**, 96.

² *British Medical Journal*, 1977, **1**, 862.

³ Lawson, D H, and Henry, D A, *British Medical Journal*, 1977, **1**, 491.

⁴ Crombie, D L, *British Medical Journal*, 1977, **1**, 1217.

⁵ Howie, J G R, and Clark, G A, *Lancet*, 1970, **2**, 1009.

Diet and coronary heart disease

SIR,—Dr K P Ball (21 May, p 1346) continues to quote a large number of out-of-date reports and to ignore the recent evidence mentioned in my letter (30 April, p 1155). The US report which he quotes is "prepared by the staff" of Senator McGovern's committee, which, however, is still taking evidence. I have no quarrel with reduction of fat to maintain an optimum weight, but there is no need to change the nature of the fat we consume.

It is a sobering thought that so many in our profession have allowed themselves to be brainwashed by propaganda into a widespread acceptance of a dietetic fashion which can only be transient. The leaders in this propaganda movement are presenting their (mainly epidemiological) "research" directly to the public over the media without subjecting it to debate and criticism in a proper scientific forum. Before these permissive days this propaganda would have been regarded as "infamous conduct in a professional respect."

The matter can be resolved only by a proper assembly of informed scientists. When this was done recently in private session the lipid theory of causation was routed. Never before has it been suggested that such important scientific matters can be resolved by "Gallup polls" of doctors or even committees. Norum¹ conducted a poll among 214 doctors, only a