with pure obsessional states or deep endogenous depressions. Only 1-2 400-mg. tablets three times a day, and not more, should be prescribed where indicated.

Conclusions

Clearly sedation should not be given to patients without attempts also being made to deal with environmental and other stresses that may be a cause of the anxiety and tension. But it is a commonplace in general practice that the giving of judicious rest to the nervous system by sedation can often make problems which had temporarily seemed insuperable to a patient become quite easy to handle again. It is worth bearing in mind that the normal brain generally

adjusts to its environment, and, as was very obvious during the last war, the normal brain can tolerate very bad environments indeed for very long periods of time. Likewise the last war also showed in a most convincing manner what is just as true in peacetime—namely, that once breakdown happens it is comparatively easy to abort acute neurotic reactions if only proper sedative treatment is given in time. But neurotic reactions are much less easy to treat when new abnormal patterns of behaviour and thought have been allowed to become thoroughly ingrained in brain function through the lack of adequate sedation early on in the illness. It may truly be said that a grain of sedative in time saves nine.

THE PHARMACEUTICAL HOUSE AND THE DOCTOR

BY

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Recent correspondence in this and other journals has included statements that doctors are inundated by literature from pharmaceutical houses and that visits from representatives of these firms are not only unnecessary and time-consuming but contribute to the cost of drugs and the expense of the National Health Service.

The Survey

It was decided to ascertain the opinion of doctors themselves on this matter, knowing that only the few who feel strongly on the subject tend to write to the press; it was realized, however, that it would be difficult to obtain a true picture. Surveys are notoriously liable to error, whether in design, method of procedure, or interpretation, but a survey seemed to be the only practicable means.

It was considered that the effectiveness of the survey would depend on two factors: (1) the form of the questions, and (2) the way in which they were presented to the doctor.

The Questions.—(1) These must take only a very short time to answer. (2) They must be such that the answer would be unequivocal.

The Presentation.—(1) The doctor must be assured of his anonymity. (2) He must be asked but not pressed to answer.

Bearing these points in mind, a punch-card was designed with all the questions on one side, so arranged that only a tick or cross was needed in the appropriate spaces.

Knowing the almost universal distaste for questionnaires arriving by post, we gave supplies of blank cards to our representatives and instructed them as follows: "Carry out

Please indicate your choice in the appropriate square				
1. Do you see medical representatives?	ALMOST ALWAYS ☐	OFTEN ☐	SELDOM ☐	HARDLY EVER ☐
2. How many times per annum would you prefer them to call on you?	THREE TIMES ☐	TWICE ☐	ONCE ☐	NEVER ☐
3. Do you read advertisements for pharmaceutical preparations? ..	ALMOST ALWAYS ☐	OFTEN ☐	SELDOM ☐	HARDLY EVER ☐
4. Which journal?	B.M.J. ☐	LANCET ☐	OTHER ☐	
5. Do you prefer information on preparations?	AS ADVTs. IN JOURNALS ☐	DISCUSSED WITH REPS. ☐	SENT IN THE POST ☐	
6. Would you be willing to co-operate in any future survey of this kind?	YES ☐	BY INTERVIEW BY POST ☐	NO ☐	

Front of card.

This is an attempt to find out the views of doctors on methods used by pharmaceutical firms.

All replies are anonymous but an analysis of the results obtained will be sent on request.

For office use only	
General practice	
Consulting physician	
Consulting surgeon	
Hospital staff	
Area	

Back of card.

an interview in the usual way, and, when you are about to leave, ask a doctor politely for his co-operation in filling in the answers to some questions which are of interest to us,—pointing out that this will take only about a minute. If any doctor prefers not to do so, do not press him, but record the number of such refusals each day." The representatives were further instructed to complete the back of the card themselves but not to enter the doctor's name anywhere.

All doctors visited were to be presented with cards, and all completed cards were to be returned to us each day.

Classification of Responses.—Cards were appropriately punched on receipt and were filed until enough had been received. The number used in the survey represents 10% of the total number in the National Health Service.

Results

The results are shown in the Table, from which the following observations can be made:

1. Less than 3.5% of the doctors interviewed failed to reply. This figure may be misleading because it takes no count of doctors with whom the representative failed to obtain an interview; but of those who replied, more than 80% said that they almost always see medical representatives.

2. Percentage variations in the replies to certain questions were so slight even in widely separated areas that a strong presumption seems justified that the answers are a true representation of medical opinion and not due to the influence

Table Showing Area Distribution

	Scotland		N. Ireland		N. England		W. England		East and Home Counties		London		Total All Areas	
No. interviewed	569		340		867		804		651		304		3,535	
.. not replying	2		0		7		51		28		38		126	
Replies for analysis	567		340		860		753		623		266		3,409	
Question		%		%		%		%		%		%		%
1. Do you see medical representatives ?													3,409	
Almost always	519	91	305	90	759	88	656	87	501	82	187	69	2,927	86
Often	44	8	35	10	88	10	84	11	113	18	71	26	435	13
Seldom	4	1			9	1	9	1	5	1	7	3	34	1
Hardly ever					4	—	4	—	4	1	1	—	13	0.4
2. How many times a year would you prefer them to call on you ?													3,405	
Three times	284	50	201	59	160	19	176	23	148	24	76	28	1,045	31
Twice	243	43	131	39	550	64	436	58	367	59	133	49	1,860	55
Once	36	6	7	2	137	16	132	18	99	16	50	19	461	14
Never	4	1	1	—	10	1	5	1	6	1	6	2	39	0.9
3. Do you read advts. for pharmaceutical preparations ?													3,394	
Almost always	96	17	98	29	186	22	136	18	102	16	72	27	690	21
Often	195	34	124	36	403	47	343	46	283	46	115	43	1,463	43
Seldom	210	37	92	27	192	23	187	25	158	25	57	21	896	26
Hardly ever	62	11	24	7	76	9	85	11	77	12	21	8	345	10
4. Which journal ?													4,952	
<i>B.M.J.</i>	513	90	273	80	773	90	665	89	523	84	226	84	2,973	87
<i>Lancet</i>	57	10	28	8	115	13	81	11	126	20	82	30	489	14
Other*	323	57	146	43	360	42	311	42	251	40	99	37	1,490	44
5. Do you prefer information on preparations ?													4,155	
As advts. in journals ..	122	21	51	15	300	35	175	23	164	26	111	41	923	27
Discussed with reps. ..	525	92	304	89	646	75	602	80	513	83	212	79	2,802	81
Sent in post	55	10	22	6	139	16	114	15	72	11	28	10	430	13
6. Would you be willing to co-operate in any future survey of this kind ?														
Total replies													3,394	
Yes													3,207	94
By interview													1,344	40
By post													260	8
No													187	6
Not stated													1,603	—

More than one reply was given on some cards to questions 4 and 5. Some cards omitted replies to questions 2, 3, and 6. It is a coincidence that the numbers of omitted replies to questions 3 and 6 were the same, for a check has shown that they were not necessarily omitted from the same cards.

* Many filled in *Practitioner*.

of the interviewer; for example, in areas as far removed as Scotland and the West of England the answers to question 1 show the following sequences respectively: 91%, 8%, 1% (Scotland); 87%, 11%, 1% (West of England). Similarly, answers to question 4 indicate a *British Medical Journal* readership of between 80 and 90% throughout all areas, and answers to question 5 show that nowhere do more than 16% of doctors prefer obtaining information through the post. Such widespread lack of variation points to a greater significance where variation does occur.

3. *Examples of Area Differences in Pattern.*—In both Northern Ireland and Scotland the preference is for visits from representatives three times a year. In all areas in England the preference is for twice a year. There is a higher readership of the *Lancet* in the London area and the area including the Home Counties than elsewhere.

4. *Other Observations.*—Except in the London area, over one-third of all the doctors interviewed seldom or hardly ever read advertisements in journals. Approximately 80% prefer information from discussion with medical representatives. Only about 12% prefer information sent in the post. Classification according to the type of professions practised does not bring to light new facts, but data reveal the known link between consultant physicians and residence in the London area. Further analysis into counties and some of the larger conurbations provides numbers too small for conclusions to be drawn from them. Over 90% of the doctors interviewed expressed willingness to co-operate in a future survey. Among these five times as many preferred an interview to a postal request. Four doctors asked for copies of the survey. Reprints of this paper will be sent to them when available.

I am grateful to the medical representatives who collected the cards and to my assistant, Mrs. I. Winckler, who assembled the data.

TOOLS OF BIOLOGICAL RESEARCH SYMPOSIUM AT GUY'S HOSPITAL

[FROM A SPECIAL CORRESPONDENT]

The Surgical Research Society held a very successful symposium on the "Tools of Biological Research" at Guy's Hospital on October 10 and 11. Mr. H. J. B. ATKINS was responsible for the arrangements. Although the different communications covered an almost bewildering range of subjects, unity was achieved because every speaker first described a technique, its physical principles and limitations, and then showed how it had contributed to knowledge. The detailed proceedings are to be published by Messrs. Blackwells Scientific Publications Ltd.

Strategy and Tactics

In an introductory address, Sir CYRIL HINSHELWOOD, President of the Royal Society, said that the most economical campaign in research usually employed the newest methods. But it was successful only if it had a well-conceived master-plan. Any individual worker might be a specialist in his technical methods, but he should not be so in his thinking and knowledge; the more he was called upon to supervise the work of others, the more he must know what techniques were available and so avoid the tendency common to most of us, to continue to fight the last war. To neglect modern techniques was to be amateurish. They were highly complex and often demanded team-work, but collective action to be its most beneficial must provide opportunities without imposing restrictions.

Dr. PETER ARMITAGE said the original expansion of statistical technique owed much to Carl Pearson, but it was after