if I can be of any further assistance.' (!!!)

Need I say more?

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Rashmi Yadava
Second year medical student.

Who is the journal for?

A GP with no academic credentials might be unwise to criticise apparently minor slips in the *BJGP*, and might himself be deemed 'not good enough' by that board. However, your declared editorial wish to attract and publish criticism may prompt others with quixotic and obsessional personalities to write to you, providing material for research on the serious disorder of dissent from the common view. Can the Journal be taken seriously when Edzard Ernst's interesting paper is entitled 'Complimentary Medicine' on the Journal's outer cover, and a similar mistake is repeated in 'The Back Pages'? On page 24 I read that a patient is suffering from 'blood cancer', an expression perhaps for those lay people who have not heard of leukaemia or red cell equivalents, but not really for a medical journal.

Jennifer Marsden's clear writing retains an Americanism, 'practice', whereas current style in the UK might suggest the spelling 'practise' when used as a verb. British contributors to the *New England Journal* accept editorial conversion of their words to American norms. Do other readers find, 'How this fits in' printed as a blue highlight irritating? Why imitate the *British Medical Journal*? Does the Editorial Board believe that readers of the *BJGP* have reading difficulties, or are many papers not understandable? The first letter in the January *BJGP* criticises sponsorship, yet the next announces the author's success in winning an award sponsored by a private health scheme and contains the possible grammatical solecism, 'clinical indications makes light work …'. A cynical mentor told me that the quality of a medical journal was inversely related to the quality of the paper on which it was printed. Is that why my weekly copy of the *New England Journal* is often exciting to read, whereas the monthly *BJGP* is not? Who is the *BJGP* written for? Sometimes it seems to be published for the referees. Could too many referees provide no editorial coherence? The extreme view, 'Peer review, as at present constituted, encourages lying and favours the corrupt', provocatively put by Horrobin[1] almost 10 years ago, would not even reach the sub editor's desk in the present day. To mix the words of Leo Rosten's fictional character, Hyman Kaplan, and those of *Private Eye* some 60 years later, 'Some mistakes netcheral — I think we should be told'.

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Competing interest
A New Year's resolution to be less critical and more constructive.

REFERENCE

1. Horrobin DF. Peer review of grant applications: a harbinger for mediocrity in clinical research? *Lancet* 1996; **348**: 1293–1295.

Spelling

May I be one of the first to COMPLEMENT you this festive season on the titling of your article on COMPLIMENTARY medicine[1] (sic) — You really must stop paying your type-setters (or whatever they're called in the computer age) in peanuts, you know. However, very glad to read Edzard Ernst's destructive comments on silly Smallwood.

Tony Cole
E-mail: tony@colescott.co.uk

REFERENCE

1. Ernst E. The 'Smallwood report': method or madness? *Br J Gen Pract* 2006; **56:** 64–65.

Nurse and pharmacist prescribing

Brian Keighley's[1] excellent article on nurse/pharmacist prescribing points out the possible dangers. There are some absurdities too.

The GMC proposes prohibiting retired doctors from writing a prescription. So retired consultant physicians will no longer be allowed to prescribe.

However, the government proposes that he will be able to get one by asking a nurse to prescribe it for him.

Ivor E Doney
3 Wallcroft, Durham Par, Bristol BS6 6XJ

REFERENCE

1. Keighley B Should nurses prescribe? *Br J Gen Pract* 2006; **56**: 68.

GP or not to be?

As my A-levels loom ahead and I prepare to narrow my science choices down to chemistry and biology, my wish to become a GP seems to dwindle as I hear my parents discussing how their job is becoming decreasingly centred on actually practising medicine. It appears that the computerisation of the consultation, relinquishing of the doctor's role to others in the team and the many hoop jumping, target-reaching hours are now part and parcel of a generalist's work. I realise that doctors being checked is in the interest of the patient's health and safety, and certainly as a patient I'd be happier knowing my GP was unlikely to make fatal mistakes. I also realise that it's not just primary care