25 to 64 years inclusive. The project is interested in learning of any case of myocardial infarction occurring among residents of one of the two study areas, wherever the patient is at the time of his or her illness or death.

It would be most helpful if any general practitioner involved in the care of any patient from Edinburgh or Glasgow with a myocardial infarction could inform the appropriate project centre; either the Edinburgh MONICA Project Centre, Department of Community Medicine, Usher Institute, Warrender Park Road, Edinburgh EH9 1DW (Tel. 031-229 0714), or the Glasgow MONICA Project Centre, Royal Infirmary, 10 Alexandra Parade, Glasgow G31 2ER (Tel. 041-552 8944).

As speed of access to medical care may have an important bearing on the outcome of cases of myocardial infarction, may I make a specific plea that the following dates and times be recorded: that of onset, that of call to medical services, that of initial medical care, and that of first cardiopulmonary resuscitation, where this has been administered out of hospital.

W. StC. SYMMERS

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Affiliation

Sir,

I seems that Council's proposals to explore the feasibility of affiliation to the College by members of other professions has caused an unwitting and unwelcome division with our colleagues in Scotland.

Having listened carefully to the arguments put forward by Scottish representatives at the Spring General Meeting it would appear that their expressed objections were mainly associated with the practical consequences of such affiliation. Concern was expressed that College-based facilities, both academic and social, might be less available to members as a result of affiliation. Furthermore, the argument was evinced that no other Royal College had similar affiliation and that hence it would be inappropriate for our College to differ.

The other Royal Colleges represent secondary care in contrast to our own primary role. Since much emphasis is placed on the role of the primary health care team by the College, affiliation to the College of other members of the team is entirely appropriate and in line with established policy.

Affiliation is supported by all other Faculties and, since Council is democratically elected, it has the power to impose this without unanimous consent. Every effort should be made to respond to the practical issues raised by the Scottish Faculties and to reassure them that affiliation can do nothing but enhance our relationship with other professionals and enrich the wider function and influence of our College, especially in a closer examination of the nature and function of the members of a primary health care team.

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The general practitioner and the alcoholic

Sir,

In July 1983 Edwards and colleagues reported the preliminary findings of a follow-up study of 100 patients diagnosed as having alcoholism when they attended the Maudsley Hospital between March 1968 and November 1970.[1] Sixty-eight patients were interviewed, 54 (79 per cent) rated general practitioner intervention in their long term care as in 'no way helpful', 13 (19 per cent) saw such intervention as 'moderately helpful' and one saw such assistance as 'very helpful'.

These figures appeared contrary to our experience, so as part of a larger postal survey of patients treated for alcohol dependence in the Mersey Regional Drug and Alcohol Dependence Unit, in the period commencing 1 January 1978, we included questions about the help patients received from their general practitioners in the time since discharge from hospital.

We would like to present our preliminary findings. Three hundred and eighty three patients were sent postal questionnaires; 110 replies (29 per cent) were received, of which 67 (17 per cent) were available for analysis. There were 43 males and 24 females with an average age of 47.4 years in the range 21–71 years, all with varied but predominantly severe drinking problems.

Fifty patients (75 per cent of those analysed) reported that they have found their general practitioner to be sometimes helpful (17 patients) or very helpful (33 patients). Seventeen patients (25 per cent) saw their general practitioner as rarely helpful (11 patients) or never helpful (6 patients).

Despite the small sample size, these results are significantly different from those of Edwards and colleagues, and suggest that, in Mersey Region at the very least, some alcoholic patients are receiving a standard of care from their general practitioner that is more than satisfactory.

That general practitioners wish to be involved in the treatment of the patient with alcohol problems was demonstrated in 1967.[2] There has been criticism of the role of the general practitioner in the management of the alcohol-dependent patient particularly in terms of attitude towards alcoholics. Vocational training has given general practitioners a greater awareness of the problems associated with excessive drinking and a better knowledge of treatment facilities and options. The concerned and sympathetic general practitioner may already have a much greater role in long-term management that has been recognized.

The plan for the future should not be to continue to highlight the negative aspects of certain approaches but to emphasize the positive results of informed and well-timed intervention in order to support and encourage those already involved and to stimulate others to become involved in the difficult task of managing this chronic relapsing and debilitating disorder.

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References

1. Edwards G, Duckitt A, Oppenheimer E, *et al.* What happens to alcoholics? *Lancet* 1983; **2:** 269-271.
2. Rathod NH. An enquiry into general practitioners' opinions about alcoholism. *Br J Addict* 1976; **62:** 103-111.

Doctors and nuclear war

Sir,

Dr Hodgson is right (Letters, February *Journal,* p.106). We have a duty to prepare our plans for dealing with the effects of a nuclear war and to publicize them.

By doing this, we can increase awareness of the fact that realistic effective planning for the results of such a catastrophe is impossible and that the only rational medical approach to the 'final epidemic' is one of prevention.

Surely it is heartening that the motion complimenting the British Medical Association on its report on nuclear war was passed by a huge majority at the 1984 Annual General Meeting of the College. The ball is now very much in the court of those Members truly committed to the