The exhibition lasted from 6–9, June and hundreds of visitors came to the stand, some just to look, but many to collect literature and make enquiries. Many were from overseas, mostly from hospitals. The stand aroused a good deal of attention, partly because the other stands were selling equipment (from complete laundries to paper bags); partly because the exhibit had some arresting pictures, but to a very large extent because of the constantly changing picture show.

The slides shown were all from our teaching slide sets and included pictures of a health visitor calling on a problem family, handicapped and limbless children, a public health inspector sampling milk, and aged people at home. Passers-by found the slides quite fascinating and could not tear themselves away. Few had ever seen pictures at all like these.

Mrs Fontana, who is our expert on sales, attended the exhibition every day. I was there on two days and other members of the library, recording and illustration staff took their turn.

Unless one has worked at a big exhibition it is difficult to know how exhausting and stressful it is, explaining the same thing hour after hour to hundreds of total strangers, many of whom have come to look at new beds and carpets and are not at all interested in teaching.

We think that it was a worthwhile exercise. We have had a glimpse into the immense ramifications of hospital administration and purchasing, and shown a number of people who had never given general practice a thought in their whole lives, that it does have some relevance to their work. We have seen that some hospital equipment could be useful in the surgery.

Above all, we have made many useful new contacts, some of whom we hope will use our services but all of whom have gone home with information about the Royal College of General Practitioners and its activities.

JOHN GRAVES

The Alcoholic in general practice

A full-day symposium on the diagnosis and management of the alcoholic in general practice was held on 7 May, 1972 at the Manchester Business School. It was organised by the Department of General Practice at Manchester University, in association with the North-west England Faculty of the Royal College of General Practitioners, and the Medical Council on Alcoholism.

The participants were welcomed by Dr M. T. Sweetman, Provost of the Faculty, and the morning session on diagnosis was chaired by Professor N. Kessel, Department of Psychiatry, University of Manchester.

Lord Rosenheim

The opening address was given by Professor Lord Rosenheim, who is Chairman of the Executive Committee of the Medical Council on Alcoholism. Alcoholism was causing more misery and actual illness in Britain than drugs such as cannabis, heroin and LSD which received more publicity. It can be combated only by the community at large recognising it as an illness.

Alcoholism has serious consequences not only for the alcoholic himself but for his wife and family. The illness was one of the main causes of psychiatric disturbance amongst children who were brought up in homes where there were alcoholics. Early treatment is essential, and the general practitioner who is in the frontline must detect the alcoholic amongst his patients. There is a need for education of undergraduates, general practitioners, consultants, and the general public. The community must be educated to demand treatment.

Dr R. Wilkins

Dr Rodney Wilkins, Lecturer in the Department of General Practice at Manchester University emphasised the need for detective work by the family doctor to find early cases.

For one year, the general practitioners at Darbishire House Health Centre invited patients, aged 15–65 years, who were believed to be 'at risk' to being an alcoholic, or a close relative of one,

to complete a questionnaire. Patients selected were those who were identified as possessing at least one factor listed on an alcoholic-at-risk register, which comprised items known to be associated with alcoholism.

Analysis of the 546 completed questionnaires indicated that the most important predictors of alcoholism were a history of a previous drunkenness offence, peptic ulcer or gastritis, an accident at work or on the road, anxiety or depression, smelling of drink at a consultation, a request for a sick note for symptoms which did not suggest significant illness, working in the brewery or catering trade, divorce or separation, or known marital disharmony.

The results suggested that family doctors with a practice population of 3,000 patients in a densely urbanised area with a significant degree of poverty and a high turnover of patients, may have registered with them: 15–30 heavy drinkers, 14–27 problem drinkers, and 18–25 alcohol addicts.

Dr D. L. Davies

Dr D. L. Davies, Consultant psychiatrist at the Maudsley Hospital, London, and Medical Director of the Summer School on Alcoholism, discussed the symptoms of alcoholism. The general practitioner must rid himself of his misconception that he knows an alcoholic when he sees one. It is not true that only psychopaths and drifters are alcoholics, and the diagnosis of alcoholism should always be considered. A diagnosis of organic disease does not exclude the possibility of associated alcoholism. Conversely, one must always look for physical and mental disease in the patient labelled as 'alcoholic'.

There are numerous definitions of alcoholism, but essentially there are two simple questions to be asked: is the patient being harmed by his drinking, and can he cut down or stop drinking on his own?

The afternoon session was devoted to management, and was chaired by Dr H. W. K. Acheson, Assistant Director of the Department of General Practice at Manchester University.

Dr A. D. Clift

Dr A. D. Clift, a general practitioner from Middleton, Manchester considered the role of the general practitioner in the management of the alcoholic, and his family. It is essential for the alcoholic to accept he is suffering from a disease, and agree to stop drinking completely. Ideally, he should be admitted to an alcoholism treatment unit but facilities are few, and there are long waiting lists.

Some alcoholics do not respond well to group psychotherapy, and some are embarrassed about attending such a unit.

It is possible, and sometimes necessary, for the general practitioner to undertake treatment of withdrawal symptoms, and after-care himself. Chlorpromazine 100 mg q.i.d. for shakes, and intravenous 'Parentrovite', are useful. Hypnotics are sometimes required but there is a risk of dependency. Barbiturates should be avoided, and nitrazepam is the drug of choice. Anti-depressants may be needed.

Supporting psychotherapy for the alcoholic, and his family, is the most important aspect of management.

Mrs E. Ineson

Mrs E. Ineson, Lecturer in Social Work in the Department of General Practice, University of Manchester, highlighted the role of the social worker in the management of the family of the alcoholic. General practice offers favourable opportunities for family supportive help as it is still probably the first line of defence a family will use when seeking help.

As long as the alcoholic remains within the family there are difficulties in interpersonal relationships and family interactions which affect each and every member of the family. In interviewing the wives, a first essential is to listen carefully to her complaints and her ever widening circle of details about her husband's faults, and about her own desires, and gradually the basic concern surfaces—anxiety about herself.

She described some of the different personality types seen in wives of alcoholics, and concluded by suggesting that the social worker in general practice is ideally placed for continuing

work with the alcoholic patients after they have received active treatment in an alcoholic unit or other centre.

Dr B. Hore

Dr B. Hore, Consultant in charge of the alcoholism treatment unit, Springfield Hospital, Manchester, described the work of his unit. Patients are referred to it not only by general practitioners but by probation officers, social workers and others. The average inpatient stay is four or six weeks. After treatment of withdrawal symptoms, which usually takes about a week, the keystone of the management is group psychotherapy, although aversion therapy is sometimes used. Discussion centres around the reasons why the alcoholic drinks, and how he is going to cope with a life without alcohol. After-care takes the form of outpatient psychotherapy sessions, or referral to Alcoholics Anonymous.

About 40 per cent of patients remain sober for six months after discharge, 50 per cent reduce their drinking and abnormal behaviour, and about 35 per cent are not helped at all.

Mr W. H. Kenyon

Mr W. H. Kenyon, Executive Director of the Merseyside Council on Alcoholism, explained the role of the Alcoholism Information Centre. Most of the centres are staffed, at least in part, by recovered alcoholics who provide an information, advice and referral service. Members of the public attend for advice about the drinking problems of themselves or their families. Trained counsellors offer guidance and, if necessary, refer the individual to various agencies such as A.A., Al-anon, hostels, Church, the social services, the general practitioner, or hospital. The Merseyside Council, in its $8\frac{3}{4}$ years of existence, had seen 3,500 new cases, from 275 different occupations.

'John'

The most interesting and useful talk in the opinion of many was that by 'John' a recovered alcoholic of eight years standing. A chartered accountant, he described the misery he had experienced when he was drinking heavily. He confirmed the well known denial of the alcoholic and the stratagems adopted initially to prevent his family doctor from diagnosing his disease.

The vital role of the general practitioner, and membership of Alcoholics Anonymous, in his recovery and rehabilitation was emphasised.

Admiral Sir E. D. Caldwell

The day's proceedings were summed up by Admiral Sir E. D. Caldwell, the Executive Director of the Medical Council on Alcoholism who paid tribute to the usefulness of the contributions by all the speakers.

Congratulations were expressed to Mr Kenyon and his staff who, during the day, had manned an exhibition and bookstall illustrating the variety of literature that has been produced to educate the alcoholic, his family, and the medical profession. Bencard were thanked for their very generous financial support without which the symposium could not have taken place.

Bencard have very kindly agreed to publish abstracts of the proceedings for distribution to all general practitioners in Lancashire and Cheshire. A limited number of extra copies will be available, and can be ordered from Dr Rodney Wilkins, Department of General Practice, University of Manchester.

R. H. WILKINS

THE ROLE OF THE PRIMARY PHYSICIAN

A World Health Organisation Conference was held at Noordwijk in July 1970 to consider the role of the primary physician in Health Services. The report of this conference is now available and it emphasises the part the general practitioner has to play not only in securing diagnosis, treatment and rehabilitation, but also in maintaining and promoting health.