words describing the significance, aims, hypotheses and methods of the project which they propose to carry out. The value of the award is 30,000 Belgian francs with a further 20,000 Belgian francs to be made available on completion of the research, which should be within two years. Applicants should submit their research proposals by 31 October 1981 to the Secretary of the Jury, SIMG-Janssen Prize, SIMG Secretariat, A9020 Klagenfurt, Bahnhof Str., 21/VI, Austria.

WONCA CONFERENCE, 1983—CHANGE OF DATE

The date of this conference has had to be changed, and is now 20-24 May 1983. Details will be available later in this *Journal,* or from the Office of the Secretariat: 4th Floor, 70 Jolimont Street, Jolimont, Victoria 3002, Australia.

MEETINGS AND COURSES

The Future of General Practice—European Trends

Norwich, 1-3 September 1981. Jointly sponsored by the University of East Anglia and the Norfolk and Norwich Institute for Medical Education. Further details from Miss D. Rutherford, NANIME, Norfolk and Norwich Hospital, Brunswick Road, Norwich.

Transactional Analysis

Royal College of General Practitioners, 6, 13, 20, 27 October 1981. Further details from Miss Elizabeth Monk, Courses Secretary, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

The Sick Doctor

Royal College of General Practitioners, 7 October 1981. Further details from Miss Elizabeth Monk, address as above.

PSORIASIS AND CANCER

The Department of General Practice in Dundee tell us that two weeks after their article appeared in our May issue, 15 practices, representing at least 42 doctors, expressed an interest in the project. Since the department aims to recruit 100 individual doctors, further applications should be made without delay to Department of General Practice, West Gate Health Centre, Charleston Drive, Dundee DD2 4AD (Tel: 0382-66313).

LETTERS TO THE EDITOR

CHILD HEALTH

Sir,

I was very interested to read the correspondence between Professor Court and Dr Donald (March *Journal,* p.182). I spent two years in hospital paediatrics before becoming a general practitioner. I have also worked as a Community Medical Officer in Well Baby clinics.

It is very difficult in general practice to find time for routine screening. About 120 babies are born each year in our practice. It takes me an afternoon a week to examine them all routinely three times in the first 18 months and to complete their immunizations. Follow-up of special problems, pre-school examinations and boosters take up further time.

I am certain that for screening and prevention, it is better seeing the babies with their parents in the surgery than in a community or hospital clinic. The general practitioner, working with the health visitor, knows far more about the family and their medical history than the community or hospital doctor does.

I hope if it is envisaged that community medical officers will work as general practitioners that money will be made available for routine screening in their own practices.

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PROBLEM DRINKERS AND THEIR PROBLEMS

Sir,

I enjoyed the original article 'Problem drinkers and their problems' (March *Journal)* by clinical staff members of the Howden Health Centre. Their findings provided much useful new observation and information. However, their study did not attempt to define identified problem drinkers, apart from noting that "the doctors used a variety of terms to describe problem drinkers".

In our practice, over the past five years we have established a confidential register of patients with drinking problems, based on the Shetland Practitioner Survey check list of at-risk categories.

To date, we have identified 99 patients (see Table) out of a practice population of 5,434 as having a drinking problem (cf. Howden study: 106 patients out of a practice population of 9,763). We also have our clinical suspicions about a number of other patients (not included in our register). Interestingly, the male:female ratio is broadly similar in both lists, but our known prevalence rate of drinking problems is 4.5 per cent in males over 18 years and 0.7 per cent for females over 18 (cf. Howden study: males 3.3 per cent, females 0.5 per cent).

The Howden study noted that separation from spouse (or co-habitee) was relatively uncommon in problem drinkers. Over two thirds of our male problem drinkers are married and living with their spouses but less than half of our female problem drinkers are in comparable domestic circumstances. Furthermore, over three quarters of our identified female problem drinkers have other known psychiatric problems (including a high proportion of severe forms of personality disorder with

Categories of problem drinkers

Patients with multiple 'at-risk' characteristics, including at least one of the factors listed	Male	Female
Diagnosed alcoholic (by psychiatrist and/or physcian)	52	11
Alcoholic symptoms (black-outs/DTs/ shakes, etc)	10	3
Patient or relative has asked for help with problem drinking	18	1
Patient smelling of drink at a consultation and/ or drink-related conviction and/or family history of abnormal drinking	4	—
Total	84	15