With the introduction of newer techniques such as epidurals, fewer patients now fit the category of normal cases as originally laid down by the GP unit's code. There have therefore been fewer cases for which the general practitioner has sole charge.

I also wondered why Dr Bull was so keen on pregnancy tests. He did not explain in his paper what there was to be gained by a pregnancy test at six weeks over a clinical assessment at eight weeks. Doctors have for years been diagnosing pregnancy and I wondered if there was anything to be gained by the high cost of routine pregnancy testing.

However, Dr Bull's essay was worth while in that we may well need more general practitioner obstetricians in the future. With the present rise in the birth rate following the decrease in the 'seventies, we are finding in many cases that Area Health Authorities have failed to re-provide the obstetric beds which were taken away five years ago. In the present economic climate we do not look like getting these beds back. After the end of the recession there may well be a further rise in the birth rate and it could well be that hospital obstetricians will then look very hard to primary health care teams to provide general practitioner accouchers.

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SICK DOCTORS

Sir,

Recent editorials in the *Journal* (December issue) and the *BMJ* (3.1.81) rightly highlight the urgent need for consideration of the problems facing potentially sick doctors and their families in a climate of increasing patient expectations.

The isolated, self-employed general practitioner may be especially vulnerable because of his status in the community.

The College, presently preoccupied with prevention, is perhaps ideally placed to demonstrate its caring nature to its colleagues, by co-ordinating local networks of willing counsellors to whom practitioners felt to be at risk could turn for confidential guidance before their problems got out of hand. This would be in the certain knowledge that they would be received sympathetically by someone independent, but with a good working knowledge of the problems of general practice, and without being formally cast in the role of 'the sick doctor', with all its attendant connotations and implications.

It is perhaps salutary to note that such arrangements have existed successfully for some time amongst our nursing sisters who, whilst acknowledging that there is a counselling function within the nursing process itself, also recognize that counselling forms an important feature of the nurse manager's role. More recently the needs of nurses themselves in their caring roles have also been recognized, and indeed, in some areas, special posts have been created in order to try to meet these, particularly at St Thomas's and Guy's hospitals in London, and also at the Royal College of Nursing, where courses in co-counselling are being promoted.

Perhaps general practitioners could follow this lead, and help each other to put their own houses in order, for it is well known that their record of managing their own psychological problems to date has not been good. Surely there could be no finer role for the College to explore, since patients are likely to benefit considerably from having healthier and happier doctors?

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DIET AND ARTERIAL DISEASE

Sir,

In the Report of our Sub-Committee on the Prevention of Arterial Disease in General Practice (RCGP, 1981) we attempted to be brief. We now consider that our brevity may have caused us to be misleading with regard to our views on the role of blood fats and dietary modification (Ch. 2, p. 5 of the Report).

Abnormalities of lipid metabolism are associated with an increased risk of arterial disease and there is considerable evidence that one or more aspects of the Western diet are important in the aetiology of ischaemic heart disease. Numerous official organizations have recommended dietary change, including an increase in fibre-rich carbohydrate, a decrease in saturated fat and some increase of polyunsaturated fat. The circumstantial evidence in favour of such change is strong. The Sub-Committee did not, however, consider dietary change in great detail as it was felt that the role of general practitioners should in the first instance be in dealing with hypertensives and cigarette smokers. For this reason, our chief recommendation concerning diet is the control of obesity. This is the first dietary goal in the treatment of all hyperlipidaemias, and achieving ideal body weight will also help to achieve lower levels of blood pressure and blood glucose. Failure to offer further advice concerning diet reflects only our view that this would have gone beyond the scope of the present Report rather than disagreement with other recommendations.

J. COOPE
P. FELL
G. FOWLER
B. GRIBBIN
J. TUDOR HART
J. MANN
L. PIKE

Reference

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POLYMYALGIA RHEUMATICA

Sir,

The article by Drs J. G. Jones and B. L. Hazleman (May *Journal)* highlights the difficulty in diagnosing polymyalgia rheumatica and giant cell arteritis, but they gave no real answers to the problem. They stressed that these syndromes may present non-specifically with systemic illness, elevated alkaline phosphatase, anaemia, raised immunoglobin level or even occasionally as depression. Surely the key to correct diagnosis must be a high index of suspicion of these diseases in those patients with limb girdle pain and morning stiffness without joint swelling. Those with giant cell arteritis will have cranial artery tenderness, headaches or visual disturbances. Because the diagnosis of these conditions is difficult, it is impossible to give a true incidence of them in the population; however, Ostberg (1973) suggested, on histological evidence, that at least one in 50 of elderly subjects might be affected by some form of the temporal

arteritis/polymyalgia rheumatica complex.

Because of these difficulties in diagnosis, extra help outside that of textbooks, indices of differential diagnosis or consultation with colleagues may be required. Recently the decision-tree or clinical algorithm has been developed. This new form of decision-making may prove of benefit in helping primary care physicians to reach a more rapid and positive diagnosis.

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Reference

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Sir,

We feel that the article concerning the polymyalgia rheumatica/giant cell arteritis syndrome (PMR/GCA) by Doctors Jones and Hazleman (May *Journal)* is a comprehensive account as viewed from hospital practice but is a misleading view of the whole syndrome as seen from general practice.

To illustrate our point, in the years quoted in the article nine patients were diagnosed with this condition in our practice of 5,600 patients, six of the diagnoses being made by general practitioners without recourse to hospital referral. Contrary to the article's title, PMR/GCA is an easy diagnosis if you have a high index of suspicion when dealing with elderly patients.

We would recommend that all general practitioners use ESR tubes in the surgery so that the high index of suspicion may be translated into immediate action.

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RHEUMATOID ARTHRITIS

Sir,

In your April issue (p. 240) you summarize a paper by Rylance (*Lancet,* 1980, **2,** 1099-1102) which has many major drawbacks. The paper purports to show that intra-articular hydrocortisone, salicylate and saline are all more or less equally effective in relieving pain in shoulders and knees of rheumatoid arthritics.

The problems are as follows:

1. The injection technique is quite different from any described by any previous author, and highly suspect. I quote: "Injection into the shoulder was made by the lateral approach to the subacromial space, aliquots being directed anteriorly and posteriorly." I take it the author means "joint space" when he says "subacromial space"—but since the subacromial bursa lies lateral to the joint space this is an open question. Assuming that the author's needle now lies in the joint space, what can be the point of "aliquots being directed anteriorly or posteriorly"? Either the author is in the joint or he is not!

2. The dose of hydrocortisone is low, and most leading authorities have found the newest steroids like triamcinolone and methylprednisolone longer acting and more effective.

3. The paper mentions that the salicylate-injected patients were "maintained on a full dosage of aspirin", but does not say whether the other patients had this advantage.

4. The real mystery is how saline relieved pain and stiffness so well. To show that saline relieves very effectively and that hydrocortisone does so slightly better does not imply that hydrocortisone does not work.

The authors have either shown that saline is a potent local agent in rheumatoid arthritis or they have produced a lemon. I suspect that the latter is the case.

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NEW THIRD WORLD MEDICAL BULLETIN

Sir,

Medicine in the Third World is a fascinating subject; many readers of the *Journal* must have had first-hand experience of it, many more may be interested. Oxfam is at present organizing a health campaign, as part of which we have started a small bulletin called *Inter-National Health.* As the name implies, we want to use it partly as a forum for exploring the relationship between medicine among the poor and among the privileged, between the help that is needed and the valuable lessons to be learnt from giving it.

Would any doctor or other health worker who would like a copy, or who would like to help, please contact me.

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THE APPEAL

Sir,

I have been invited by Scottish Council to put in my waiting-room a poster of which the following is part:

"We need monies for:

1. Expansion and reinforcement of research.

2. Development of Headquarters in Scotland and support for regional facilities.

3. Development of continuing education to support doctors in practice.

4. Improvement of library services.

5. Development of an Information Service for General Practice.

Donations, large or small, will be gratefully received by your own doctor, or may be sent to: The Honorary Secretary, Scottish Council."

Knowing the financial circumstances of most of my patients, and considering the collective responsibility which I feel that general practitioners themselves have for meeting the above aims, I should be ashamed to go outside the profession in this matter. Indeed, I am dismayed at the constancy of Council policy with regard to it.

If, in trying to raise the target of £200,000, the energy presently being spent on a public appeal were devoted to obtaining promises of support from all our professional colleagues, the target might well be met from within the profession. The result would be a unifying sense of participation which would ensure continued involvement—the reason for which the College was founded.

One hundred pounds per general practitioner principal (the same sum my present trainee has just paid to sit the membership examination) would suffice, and I should be proud to send this when 2,000 promises have been received.

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MEMBERS' SPOUSES

Sir,

I should like to thank all those members' spouses who answered my recent letter and questionnaire. The response was excellent and I hope in due course to develop some of the very good ideas and suggestions that were made.

ELIZABETH HORDER