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

Ostberg, G. (1973). An arteritis with special reference to polymyalgia rheumatica. *Acta Pathological et Microbiological Scandinavica,* Suppl. 237.

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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Corbridge-on-Tyne
Northumberland.

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