I am disappointed that the writer should question the value of early detection. A seed implanted by the general practitioner in the alcoholic's mind may not germinate for months but that is no reason for not implanting it in the first place. The results of the College Study,[1] finding that general practitioners did not wish to be involved with alcoholics is as well known as it is disappointing. The alcoholic requires the ultimate in the skill of consultation. If a doctor can relate to the alcoholic, he can relate to anyone.

The laboratory test (γ glutamyl transferase) is useful as it brings home to the alcoholic in a physically tangible form the damage which he is doing, which his loss of wife, job, self-respect or even memory may not. Its function is as a therapeutic weapon not as a diagnostic tool.

An understanding of alcoholism is best obtained from recovered alcoholics and Alcoholics Anonymous provides an unsurpassed source. Their beliefs are simple (simplistic say their critics) but their knowledge and experience is profound. A visit to an open meeting can be most rewarding. Meeting some of one's patients there and realizing what one has missed is very sobering.

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Reference

1. Rathod NH. An enquiry into general practitioners' opinions about alcoholism. *Br J Addict* 1967; **62**, 103–111.

Polymyalgia Rheumatica

Sir,

With reference to the paper by Dr R. M. Turner (March *Journal,* p. 167), I would like to comment that an elevated erythrocyte sedimentation rate (ESR) is not necessarily pathognomonic of this condition in the early stages.

An 83 year old ex-carpenter, a normally fit, stoical individual, presented to me with a history of aching and weakness of his upper limbs associated with lassitude and fatigue, difficulty with sleeping and mild pyrexia. After his symptoms had continued for a few weeks I performed a full blood count and ESR with the diagnosis of polymyalgia in mind: the haemoglobin was 14 g/dl and the ESR was 21 mm in the first hour. He was treated symptomatically for a month with nonsteroidal anti-inflammatory agents and a mild sleeping tablet, but with no obvious improvement.

I repeated the ESR which was 31 in the first hour, which I would regard as a non-significant rise in a man of his age. Despite his low ESRs and in view of the clinical presentation I put him on a therapeutic trial of prednisolone 5 mg three times a day. When I revisited him a week later, the response was evident as soon as he opened the door. He had undergone a complete remission of symptoms within 48 hours of starting his steroids and this process has continued for some months.

From the clinical presentation and the rapid therapeutic response to steroids, I assume that the diagnosis of polymyalgia rheumatica was correct. Nevertheless, the low ESRs were deceptive. Are we in general practice seeing a different type of condition, or are we seeing the condition at an earlier stage, before the ESR tends to rise?

I would be interested in any other reader's opinions.

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What Sort of Fellow?

Sir,

Before the College begins to worry about the meaning of the fellowship (March *Journal,* p. 131) should it not decide the meaning of the membership?

There are two sorts of member—those who bought their commissions and those who won them in battle with the examiners. The former had the foresight and the tenacity to make the College possible and have now supported it for many years; without them it would not exist. If all those who received the membership without examination were promoted to the fellowship that dedication would be rewarded and those outside would know what the letters MRCGP meant. It is for them then to decide if they are of value.

I am an elderly retired associate who only became so when he needed the considerable resources of the library and the research support units and who remained an associate to support what he found of value in the College. Now *hors de combat,* I offer this comment from the sidelines.

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Problems of Fertility and their Management

Sir,

That infertility is a diagnosis to be applied to the presenting *couple* is reiterated in Dr Frogatt's stimulating paper (March *Journal* p. 171).

My initial surprise on finding, as a new general practitioner, that investigation of the subfertile husband usually was undertaken in a unit and by a consultant other than the one investigating his wife has turned to gloom. If one third of childless marriages are due to infertility factors present in both partners, then if those gynaecologists interested in fertility (for they seem to be receiving most initial referrals from general practitioners) would include the investigation of the husband in their referral, much saving of time and nervous energy might be simply achieved. Admittedly, some larger centres do this, but it can mean a great deal of travelling for an often already apprehensive pair.

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'At Risk'

Sir,

In asking what 'at risk' really means (March *Journal,* p. 189), I suspect Dr Frølund of being disingenuous. It is a pity also that his letter was not shown to others than Dr Clifford Kay who has answered tautologically in the case of children, and on probability in a statistical sense. Children who have had a difficult birth were obviously at risk *in utero,* while in the case of prostatic carcinoma there is an incidence to which all men over a certain age are at risk, but this is not the meaning of the phrase as usefully employed.

It is about the elderly that the term is still much used ten years after Dr Frølund read about it in his medical journals. It means the identification of those likely to enter into unstable conditions. The ageing process, which is always deleterious and universal, can be said to put all at risk, but there are now methods for predicting forms of medical and social breakdown well before they occur. The ability to do so depends on the quality with which thinking acts upon experience. In this sense the registration of people at risk must be arbitrary, but there is a consensus that among the elderly those living alone, recently bereaved or discharged from hospital, those with intel-