In the multidisciplinary approach needed in the field of alcohol-related problems, general practitioners (GPs) have a 'key role' (Glatt, 1960, 1982), or, as Professor McAvoy (1997) expressed it well, 'A strong role legitimacy'. The finding that GPs 'express a lack of role adequacy and role support for this work' demonstrates of course the importance of Professor McAvoy's paper on 'Training GPs', his conclusions and practical recommendations. May I, however, briefly comment on one aspect of his paper and raise a question concerning not only his paper but a general trend noticeable in many recent articles in this field.

Professor McAvoy states that 'over the past 20 years, there have been a number of studies to ascertain GPs' attitudes to, and opinions on, detection and management of patients with alcohol problems . . . The earliest work was probably the Maudsley Alcohol Pilot Project . . . in the late 1970's.' Fortunately there has been a great increase of work and interest in alcohol-related problems in recent decades: authors cannot possibly wade through the voluminous and ever-increasing literature and they have to start somewhere. But one still wonders whether (and I have to apologize to Professor McAvoy for taking his paper, the contents and conclusions, with which I fully agree, as an example) a way could be found to be more careful with statements such as 'Over the past 20 years' and 'The earliest work . . . was probably in the late 1970's . . . .' For example, as to the lack of, and the necessity of, adequate training of doctors in this field, the late John Dent (himself a GP), Editor of the British Journal of Inebriety (later the British Journal of Addiction) from 1941 until 1962, in almost all of his editorials throughout this period lamented that, e.g., 'Doctors are taught and examined on hundreds of illnesses . . . but of (addiction) which they are sure to meet, they are taught nothing, expected to know nothing, expected to do nothing except to pass by on the other side' (Dent, 1951). Throughout these years practical attempts by members of the Society for the Study of Addiction (SSA) (e.g. Dr Dent, Dr Pullar-Strecker and Dr Lincoln Williams) tried hard, but found it extremely difficult to motivate GPs towards interesting themselves actively in this problem. In a paper read to the Society in 1957, Dr D. Parr (1957) reported the results of a questionnaire addressed to GPs in England and Wales which showed that they knew of no more than one-tenth of the number of alcoholics in the country as estimated on the basis of the Jellink formula.

As was argued during the discussion at the SSA meeting, this finding indicated not the absence of an alcohol problem in this country but only 'the failure of GPs to get involved in the problem, perhaps largely connected with the lack of specific training in this field' (Glatt, 1957). This impression was later confirmed by a study of the prevalence of alcohol-related problems in the Cambridgeshire County by Moss and Beresford Davies (1967). An Office of Health Economics (1970) estimate based on an extrapolation from the Cambridgeshire findings to England and Wales, in the light of Parr's earlier findings of regional differences, arrived at a figure of 220,000 in the country. Dr R. Wilkins (1974) in Manchester compiled a patients' 'At Risk Register' on the basis of a questionnaire handed out over a 1 year period to selected patients visiting GPs at health centres. As to the practical attempts to educate and
train GPs that went on in those ‘prehistoric times’ in most of the alcohol units in this country, may I be permitted to mention just one example: the regular weekend seminars for GPs held at St Bernard’s Hospital’s addiction units in the 1960s and 1970s.

This letter is in no way a criticism of Professor McAvoy’s very significant work and important paper, only a plea to be very cautious in naming even approximately the period when work on a certain problem had started — in itself often a very difficult undertaking.

REFERENCES


REPLY

TRAINING GENERAL PRACTITIONERS: RESPONSE

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I am grateful to Dr Glatt for adding an important historical perspective to my paper. I would also fully acknowledge his observation on the difficulty of attempting to define when work on a certain problem started.

By limiting my review to my professional lifespan, I clearly omitted much important earlier work as described by Dr Glatt in his letter.

ACCELERATED METABOLISM OF ETHANOL IN PATIENTS WITH BURN INJURY

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The impact of pathological states on the rate of ethanol clearance from the body is not easy to find in the scientific literature. In a recent review article, the influence of burn injury on the clinical pharmacokinetics of various drugs and medication was covered, but the disposition and fate of ethanol in the body was not considered (Jaehde and Sörget, 1995). This gap in knowledge is

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