designation of what constitutes a major or minor symptom is open to criticism and improvement. It was one way of comparing different illnesses in different children which, as Professor Emery says, is a very difficult exercise. We did not assess which episodes merited a consultation. We studied how the mothers had behaved and not whether this was correct.

2. In describing the study we tried not to draw conclusions that the data cannot support. We do not consider that our findings justify the conclusions made in the editorial.

3. By choosing to highlight one possible interpretation Professor Emery has ignored many others. Given the same opportunity we would have emphasized that mothers seemed to be coping remarkably well, often in very difficult circumstances, and the blame for any preventable disasters may be as easily attributed to the availability and accessibility of services as to inadequacies in the parents.

C. JANE PATTISON
C. K. DRINKWATER
M. A. P. S. DOWNHAM
Department of Family and
Community Medicine
University of Newcastle upon Tyne
NE1 7RU.

Professor Emery replies as follows:

Doctors Pattison, Drinkwater and Downham would be wrong if they thought that all the comments I made arose from their article. I do not see an editorial as simply a re-write of a paper's discussion. My comments were focused on the health inadequacies that occur in the home which sometimes lead to death. These were the starting point of their study and in their discussion they state, "The two episodes where mothers did not consult when it might have been expected are worrying". We have much more evidence than they present on this from our own material related to cot deaths, and we too are extremely worried.

The situation with child health mishaps is not unlike road accidents. To watch traffic circulating and witness the hundreds of safe hours driving almost fills one with awe at the human ability to anticipate, judge and drive a car. This does not prevent us attempting to identify the rare inadequate driver and indulging in educational exercises on drunken driving or on making roads even safer.

I have at least as high an opinion of the excellence and ability of Sheffield's parents as the Newcastle group has of their own Tyneside mothers. Parents cope in an amazing way, despite the defects in medical services. In a study that we carried out several years ago in an attempt to identify the weak points in the chain of obtaining adequate child care for ill children, the service failures numerically equalled those within the home. Unfortunately, with our current disease response service, the first move has to come from the home, so home is the essential starting point.

There is, however, something on which I would take issue with the Newcastle group and this is their use of the word 'blame'. Blame tends to imply guilt, and I do not like to use such words in relation to parental inadequacies, almost none of which are due to parents' lack of responsibility, but are mostly related to their own upbringing and education.

General Practice Research

Sir,

Many of your readers in general practice will know of the Medical Research Council's trial of treatment for mild hypertension. This trial is still in progress and most of the 176 group practices which have been brought together in this research framework are still participating.

We hope to extend the use of this valuable framework and carry out studies of other problems suitable for investigation in general practice. These will take two main forms. There will be studies, such as the hypertension trial, which are particularly suitable for investigation in general practice, both for scientific and for organizational reasons. We shall shortly be starting a study of the use and possible adverse consequences of hormonal treatment given for the relief of menopausal symptoms; a large-scale trial of treatment of hypertension in the elderly will, we hope, also be started later this year; and other studies of an observational or clinical trial nature are under discussion. The second type of study envisaged will be concerned with the conduct and organization of medical care in general practice. Any practice in the group is, of course, free to participate only in those studies which the partners feel are of interest.

Financial assistance is provided towards the cost of compiling age/sex registers, and for additional nursing or medical sessions required. Equipment, laboratory facilities, and postal arrangements are also provided, so that no practice is out of pocket as a result of its participation.

We should be glad to hear from other group practices who might be interested in joining this research framework. Practices with total lists of at least 7,500 (preferably 10,000 or over) are required, and should ideally have accommodation which would allow one room to be used for follow-up purposes at regular times each week (inside or outside normal surgery hours) and for storage of records, drugs, and instruments.

Many practices currently participating are willing to be contacted or visited by others wanting to know what participation in this research group involves. Their names and addresses, and further information, can be obtained from the Co-ordinating Centre at the address below.

T. W. MEADE
GILLIAN GREENBERG
W. E. MIALL
MRC Epidemiology and Medical
Care Unit
Northwick Park Hospital
Watford Road, Harrow
Middlesex HA1 3UJ.

Occupational Medicine

Sir,

The editorial innovation of the 'blue pages', will allow many of us who have not taken an active part in College affairs to make some contribution to the corporate thinking of the College.

The pebble I wish to throw into the pool is occupational medicine. To me it appears an anachronism that amongst the many aspects of general practice considered by the College, the relationship between the occupation and the health of our patient has not previously figured more prominently.

The link between general practice and occupational medicine is clearly demonstrated by the number of family doctors who hold part-time appointments in occupational medicine. Furthermore, many heads of occupational health departments have a general practice background. Yet it is the Royal College of Physicians which has taken this group under its wing, where the fledgling Faculty of Occupational Medicine is thriving.

Because of a crowded undergraduate curriculum, teaching in occupational health is too often brief and restricted. New entrants to general practice are frequently surprised when first exposed to the broad spectrum of problems involved in family practice. To cushion this emotional shock, their adaptation is aided by the local GP training schemes. Quite often trainees entering general practice are closer to their patients' work than during their hospital posts. Yet, without a background of knowledge of the range of