

practitioner trainer's role. I hope he will get congratulations from many sides.

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REFERENCES

- Journal of the Royal College of General Practitioners* (1974). Editorial, 24 1-3.
Stevens, J. (1974). *Journal of the Royal College of General Practitioners*, 24, 5-22.

CONFIDENTIALITY

Sir,

Our present paper records fade, tear and jumble as the years pass. Computerised records, by virtue of being passed from tape to tape, possess for their data the benefits and the dangers of eternal life. To edit data, years after the event they describe, is a skilled task. What seems to be needed is a formula that automatically will erase data after a specified interval, unless at the time of recording there is an instruction to preserve an item of data. Alternatively the data could be transferred after a specified interval to a secondary research tape, with identifying data excluded.

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LOOKING AFTER THE OLD

Sir,

It is my experience that some patients, particularly the elderly, have failed to respond to treatment because of their difficulty in remembering to take medication regularly. This is particularly so where several drugs are being used in combination.

To simplify matters for the patient I find the enclosed chart, which is easily prepared and understood, most useful. Its use is greatly helped as most medication is now labelled with both the name and the instructions.

I wonder if this would be of help to my colleagues?

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JOHN SMITH 1 FEB. 1974

	Break-fast	Lunch	Tea	Bed-time
DIGOXIN	1			
LASIX	1			
SLOW K	1	1		
OXYTETRACYCLINE	1	1	1	1
MOGODON				1 or 2

HYPERTENSION

Sir,

As a general medical practitioner, I am very concerned with the detection of high blood pressure in the populace, and the prevention of organ damage. I do my best to check for this whenever I have the opportunity. The problem though, is that only a proportion of my list of patients seek medical advice every year (and these are usually 'regular attenders'). Thus for effective screening, we must check non-attenders. I consider that to sort out who those other people are from the practice records, is too laborious, and cumbersome a procedure.

The simple solution surely, is that with the co-operation of the national press, the medical profession should summon all males and females between the ages of 30-60 years who have not had their blood pressure checked in the past five years to attend their general medical practitioners at carefully staged intervals, according to the alphabetical position of their surname. I think that nearly all practitioners could accommodate the work load involved in the course of a 12 month period. Using this procedure, the whole population could be routinely screened at five, to ten yearly intervals.

I apologise to any person, who may have suggested this idea before, but, in spite of being an avid reader of *The Lancet*, *British Medical Journal*, *Medicine*, and other journals; I have not yet encountered this suggestion.

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FOUNDATION MEMBERS

Sir,

In a letter from R. L. Soni (February *Journal*) there is a suggestion in the last paragraph that all the foundation members of the College who are still alive and continuing their support should be considered for fellowship, in recognition of their continuing support for the College from the earliest days.

There is no doubt that had it not been for the foundation members there would not now be a College. Those active committee members are known for what they have achieved, but according to Milton, "They also serve . . .".

Many of us who have had very busy practices with no time for committee work are getting old or have actually retired.

I would like the Council to consider Dr Soni's suggestion.

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