enormous variation in arterial pressure in healthy subjects living their ordinary lives is shown in the March issue of your *Journal* in figures 4a and 4b of Tudor Hart's paper—figures from Pickering's department published, apparently, without the knowledge and consent of the authors.

A survey of hypertension in general practice could be of interest in showing the frequency of particular values of arterial pressure in a population sample. Should its data differ from those in other samples, the difference might be due to the composition of the samples or the conditions of measurement. Pickering does show the frequency distribution of arterial pressure for each sex and decade of age in one population sample (figure 3.2). He also shows the means for each age group in the two sexes in Miall and Oldham's surveys from South Wales, surveys which have never been bettered. He finds the means for each age group in both sexes nearly identical in the London sample and in the National Nourishment Survey in Japan (table 3.1). Finally, he shows the frequency of "clinical hypertension" according to two criteria, based on response to treatment, in the London population sample (figures 3.3 and 3.4).

Would Dr Fry be good enough to enlighten your readers as to what other vital information has been got from the surveys to which he refers and which has been omitted from Pickering's books?

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GENERAL PRACTITIONERS AND SOCIAL WORKERS

Sir,

At a recent meeting of social workers and general

practitioners in Manchester it was decided that there is a need for a group whose special function is to foster co-operation between social work and general practice. It was thought that professional organisations involved in promoting co-operation were too remote to be able to monitor adequately the problems that occur in the field. It was also pointed out that the professional organisation most intimately concerned, the British Association of Social Workers and the Royal College of General Practitioners, were limited to dealing with their own members when they tried to promote cooperation.

The meeting therefore decided to constitute itself formerly and the title chosen for the group was General Practitioner and Social Worker Workshop. We have drawn up a constitution, and have appointed officers for the forthcoming year. It is unfortunately necessary for us to charge a subscription to cover the costs of postage and stationery and some small-scale research projects that we envisage being undertaken.

We stress that we see ourselves not as a rival organisation to other professional bodies, but rather as a body which has constituted itself to perform a special task. Should we find that the need for our existence no longer exists we would dissolve ourselves. Our experience so far, however, during two and a half years of informal meeting, is that there is a need for a group which can act as a focal point for those interested in general practice/social work co-operation.

If anyone is interested in joining the group, details of our constitution and aims can be obtained by sending a reply paid envelope to the honorary secretary.

G. KEELE Hon. Secretary

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SELF-POISONING WITH DRUGS

The incidence of self-poisoning with drugs has doubled in Sheffield in the past ten years. It now causes almost one in ten of all medical admissions and one in five of all medical emergencies; it is the second most common reason for emergency admission to medical beds.

The average age of the patients has fallen; one in five has previously been admitted to hospital with self-poisoning. The drugs used are normally prescribed by a doctor and the types employed reflect national prescribing trends. It is estimated that over 70,000 self-poisoning cases may be admitted to hospitals in the United Kingdom each year.