

benefited from 'Piriton', one tablet three times a day.

Tanyard Lane,
Steining, Sussex BN4 3SB.

G. A. DINGEMANS

RESPIRATORY MORBIDITY AND THE WEATHER

Sir,

I was interested in the article on the effect of weather on reported morbidity (*April Journal*) and in particular the comments that "for practical reasons measures of reported morbidity may be the best available estimate of true morbidity" (p. 248) and "there is a negative association between temperature and the number of respiratory episodes . . . rainfall was not significantly correlated . . ." (p. 250).

Some further information on this matter is available from a survey of 56 families who recorded all symptoms daily over a 14-month period in 1967-68 (Bridges-Webb, 1971), thus providing information about biological ("true") morbidity rather than behavioural (reported to a doctor) morbidity.

The onset of respiratory illnesses was correlated with details relating to the weather conditions on the day of onset of illness. The lower the maximum and minimum temperature of the day the greater the incidence of onset of respiratory illness (table 1); however, only the association with maximum temperature reaches the 95 per cent level of significance. A decrease in maximum temperature of over five degrees Fahrenheit compared with the day before onset, or a decrease of over ten degrees compared with the average maximum temperature for the week did not significantly increase the incidence of respiratory illness having onset on that day.

TABLE 1

	Number of days	Number of respiratory illnesses	Respiratory illness per day
Maximum temperature			
under 54 degrees	15	85	5.7
55-64 "	153	739	4.8
65-74 "	113	437	3.9
75-84 "	73	271	3.7
Over 85 "	51	179	3.5
Minimum temperature			
under 34 degrees	20	99	5.0
35-44 "	119	590	5.0
45-54 "	162	670	4.1
55-64 "	85	285	3.4
Over 65 "	19	67	3.5
Change in maximum temperature from day prior to onset			
Decrease over			
5 degrees	69	299	4.3
No change	253	1100	4.3
Increase over			
5 degrees	83	312	3.8

Maximum temperature of day of onset compared with average for week

Lower by			
10 degrees or more	22	98	4.4
Within 10 degrees	356	1514	4.3
Higher by			
10 degrees or more	27	99	3.7

However, an increase in the maximum temperature of over five degrees on the day of onset compared with the day before onset resulted in a significant decrease in the incidence of onset of respiratory illness on that day. There were no differences related to similar changes in the minimum daily temperature. The amount of rainfall on the day prior to onset had no influence on the incidence of respiratory illness.

This information reinforces the conclusions drawn by the authors of the article quoted.

CHARLES BRIDGES-WEBB

Deakin Street Clinic,
Traralgon 3844,
Australia.

REFERENCE

Bridges-Webb, C. (1971). 'A Study of Morbidity in Traralgon, Victoria', M.D. Thesis, Monash University.

HYPERTENSION IN GENERAL PRACTICE

Sir,

In response to Dr Juel-Jensen's comment (*August Journal*) on my review of Sir George Pickering's book on hypertension may I state at once that Dr Juel-Jensen has not read my review with any real understanding.

I did not ask Sir George for more information or more epidemiological surveys of the frequency and distribution of hypertension. Many of us have had more than enough of these, but too little, much too little, of the application of these and other surveys to the better management of hypertension in general practice.

It was on this lack of discussion and information, by Sir George, of the nature and management of hypertension in general practice that I commented.

As for studies and surveys from general practice on high blood pressure, the College bibliography lists more than a dozen, and I know of more, that have sought to examine and study not only the frequency of hypertension, but also the ways in which it should be managed in the special field of general practice.

JOHN FRY

138 Croydon Road,
Beckenham, Kent.