

provided additional nursing help, and sometimes medical assistance, to cope with the added load of screening and recruitment and all costs of participation are covered. The workload, once screening is complete, is relatively light and can be largely covered by a competent part-time nurse provided she has ready access to medical advice.

Further details, and a copy of the trial protocol, can be obtained from: The Secretary, M.R.C. Treatment Trial for Mild Hypertension, MRC/DHSS Epidemiology & Medical Care Unit, Northwick Park Hospital, Watford Road, Harrow HA1 3UJ.

W. S. PEART
Chairman.

The Medical Unit,
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W. E. MIALL
Secretary

M.R.C. Working Party on
Mild to Moderate Hypertension.

Epidemiology and Medical Care Unit,
Northwick Park Hospital,
Watford Road,
Harrow, HA1 3UJ.

FINANCIAL DEFICIT FOR THE COLLEGE

Sir,

As you will know from the Honorary Treasurer's Report in the Annual Report, we are now forecasting a deficit of the order of £20,000 in the present financial year (ending 31 March 1976), owing to the effects of inflation. The increase in subscription which was approved at the Annual General Meeting on 15 November will not take effect until 1 July 1976, i.e. after the end of the present financial year when this deficit is expected.

In order therefore to try to balance the books this year, Dr Ian Watson, who is a Past President of the College, proposed at the AGM that all members be asked to make a voluntary contribution to bring the level of their subscriptions for 1 July 1975 up to that approved at the AGM for next year. This means that we are now asking those who paid £25 to contribute a further £10 now, and those who are on reduced subscriptions to contribute whatever they can.

This proposal was unanimously endorsed by the meeting and a considerable sum was collected on the day from those Fellows, Members and Associates who were present. To economise on postage, we do not intend to thank each one individually, but I should like those who have already subscribed to know how much we value their contribution and to ask them to discuss the contents of this letter with their colleagues,, confirming the support given at the Annual General Meeting.

For those who have not already subscribed the additional amount, I ask them now to send their cheque to the Finance Officer at 14 Princes Gate. I should also like to thank those who have

responded so generously in support of all the work our College does for general practice.

It would also be very helpful to let the Finance Officer have a variable direct debit form, sent to you with the AGM papers; this method of payment does help us make great economies in administrative expenses.

P. S. BYRNE
President

Royal College of General Practitioners

14 Princes Gate,
Hyde Park,
London SW7 1PU.

ARE REFERENCES REALLY NECESSARY?

Sir,

In your Editorial (*December Journal*), you ask *Are References Really Necessary?*, and then make out a very good case for their retention. I am sure that all would agree that, despite the expense involved, they provide essential information and cannot be omitted. If the purpose of your editorial was to explore the possibility of omitting references as an economy measure, I would not approve such a step. Indeed, I would suggest that, despite any extra cost involved, they should be made even more useful and informative by including the title of each article referred to, in addition to the names of the authors and location, as is now the practice in many scientific journals.

H. W. K. ACHESON
Senior Lecturer in General Practice

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Manchester, M13 0FW.

REFERENCE

Journal of the Royal College of General Practitioners (1975). Editorial, 25, 861-2.

Readers' opinions would be much appreciated.—Ed.

SPECIALIST RECOGNITION IN THE EUROPEAN ECONOMIC COMMUNITY

Sir,

The Council for Postgraduate Medical Education in England and Wales has proposed the following paper on the relationship between specialist recognition as determined by the EEC medical directives and accreditation which marks the end point of training as laid down by the Joint Higher Training Committees.

Specialist Recognition in The European Economic Community

An EEC Directive of 16 June 1975 (75/363/EEC) deals *inter alia* with the minimum postgraduate training to be required by Member States before doctors can be recognised as specialists for Community purposes. To facilitate freedom of movement Member States will issue a certificate or other evidence of formal qualifications in