

attention to the serious situation which exists. General practice has, as you say, rightly become an established part of the curricula of medical schools in this country (and many others). This development is seriously threatened by the failure of the NHS and universities to acknowledge the financial implications of this shift of basic medical education from hospitals into the community.

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PERSONAL CARE

Sir,
In response to Dr P. Grout's call for more personalized care (*April Journal*, p.243), how will these practices accommodate vocational trainees other than feeding them 'one-off' consultations?

Otherwise, the patient who demands the personal, continuing care that is generally offered by the principal will feel aggrieved at being passed on to a temporary doctor.

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BLEEDERS COME FIRST

Sir,
Of necessity, critical review of published work is a matter of personal opinion and taste. However, I feel compelled to defend Colin Douglas' *Bleeders Come First* against John Miles' unfair review (*May Journal*, p. 310).

I have been in practice as trainee and principal for six years, but still remember with anger general practitioners who were "lazy, ignorant and inaccessible, and employ professional obstructionists

to deal with their telephone calls". Indeed, it is those experiences which have stimulated me to attempt to achieve high standards in my own practice.

Is Dr Miles so far removed from his own experiences as a hospital doctor that he does not remember such general practitioners who by the very standard of their practice contribute a disproportionate number of poor hospital referrals?

Colin Douglas has certainly overstated the position, but this is no reason for Dr Miles to dispense patronizing advice to the author "to rid himself of his little hangup".

Is it impossible for an academic journal to publish a review concerned only with literary merit, without introducing traditional intra-professional sniping?

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BOOK REVIEWS

THE HYPERTENSIVE PATIENT

*Eds Andrew J. Marshall and
D. W. Barritt*

*Pitman Medical
Tunbridge Wells (1980)*
517 pages. Price £26.50

The prevention of cardiovascular disease is coming to play an increasing role in general practice, especially through the effective treatment of hypertension. Because of the numbers of patients involved, hypertension will have to be investigated and treated, for the most part, outside hospital. Because it is asymptomatic and needs maintenance treatment over a long period, the style of care will be different from that which has characterized general practice in the past. A new book on the hypertensive patient is therefore of great interest.

The introduction states that it is designed for "the bedside doctor". The words are symptomatic as it is written almost entirely from the viewpoint of the hospital physician. The contributors are authorities in their own disciplines but none has experience of general practice. The balance of the book is therefore tipped heavily in favour of pathophysiology and the mechanisms of sec-

ondary hypertension (239 pages).

The chapters are variable in quality and there is a good deal of duplication. For instance, there is overlapping information on the renin-angiotensin system by three authors and Folkow's work on resistance vessels is expounded twice with the same graph reproduced (pages 98 and 121). On the other hand, I looked in vain for any reference to methods of improving compliance, to patient education, or to the problems of screening.

Dr Barritt's 12 lines on the problem of hypertension in the elderly is completely inadequate given the importance of the subject and he seems to advise the routine use of the random-zero sphygmomanometer in clinical practice without any justification. Professor Ledingham, on the other hand, recommends that blood pressures should be taken twice, supine and erect, and that 140 mm Hg systolic and/or 90 mm Hg diastolic or above should initiate investigation without any reference to the workload that this would entail. Owners of ECG machines will be encouraged by the statement (p. 345) that "almost all patients with changes due to pressure alone will need electrocardiographic treatment but the converse does not hold".

I would not recommend general practitioners to buy this book, but it would be worth borrowing from the library for Professor Rose's chapters on epidemiology and the measurement of blood pressure, the chapters devoted to the principal therapeutic agents, and the final section on clinical trials.

JOHN COOPE

ESSENTIAL HYPERTENSION

Ed. Richard Thurm

*YB Medical Publishers
London (1979)*
418 pages. Price £22.50

This is not a general review of the subject, but the report of a rather patchy WHO symposium held in Yugoslavia in 1978. There are several interesting summaries by world authorities on the present state of their work, all readily available elsewhere, many trivial or repetitive studies almost none of which break new ground, and a very good panel discussion on treatment covering 24 pages.

An exception to the unimaginative nature of most of the studies is a report by a Yugoslav group which taught 9,600