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.

R. J. GALLOW
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Herts.

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 secondary 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 Barrit'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

men and women to measure their own blood pressure at home twice a day for four weeks. There is also an interesting paper from the central research laboratory of the Russian Ministry of Health on changes in electrolyte transmission across cell membranes, which seems either to have preceded, or at least to have coincided with, similar work in France and the United States. Sodium balance and sodium transport seem at present to offer the main hope of avoiding a future in which 15 per cent of the whole adult population spend most of their lives on antihypertensive drugs.

Generally speaking, only individuals and libraries with both a consuming interest and a great deal of spare money should consider buying it.

JULIAN TUDOR HART

PATIENT MANAGEMENT PROBLEMS

Chertow, B. S., Dhingra, R. C., Pillay, V. K. G., and Nerenberg, R. L.

Prentice Hall International Hemel Hempstead (1980)

318 pages. Price £18.80

Fifteen MEQs can't be a good buy at £18.80, even if they are excellent. These are indelibly American. The reader is soon in the transatlantic world of emergency rooms and offices ("You are an internist working in a multispecialty rural practice with admission privileges to a well-equipped community hospital"—country general practitioner with cottage hospital?), but disbelief is never suspended, for me at least. A good MEQ must be realistic.

If a set of MEQs is wanted, the *Update* ones on "Patient Management Problems" are much better, very much cheaper, and they don't need a fancy felt tip pen.

R. H. WESTCOTT

REPORT

Spring General Meeting 1980

THE Spring General Meeting of the College was held at Windermere from 25 to 27 April, 1980 and was organized by the Cumbria Sub-Faculty of the North of England Faculty of the College.

Clinical standard setting—a faculty enterprise

The North of England Faculty arranged a Friday afternoon session on clinical standard setting at the Belsfield Hotel, Bowness on Windermere. The Chairman was Dr Colin Waine, Chairman of the North of England Faculty.

Dr Donald Irvine

Dr Donald Irvine, General Practitioner, Ashington, Northumberland, Regional Adviser in General Practice for the Northern Region and Secretary of the Joint Committee on Postgraduate Training for General Practice, spoke on "The Setting of Standards in General Practice". Dr Irvine began by emphasizing that there was a 15-year history of involvement of general practitioners in education in the Northern Region which had begun with vocational training. From this had sprung the idea that doctors who were engaged in vocational training had to look at their own clinical practice and its organization in order to teach.

The second main development had been the need to work in groups to achieve this and the Northern Region had found that to make the group process work it was necessary for the doctors concerned to have a continuing commitment.

The early standards were structural and mainly concerned with practice organization. The groups had later moved on to look at the process of care. The current interest was in developing normative standards for several common conditions and trainer groups in the Northern Region had now found that there was a great need for more information. The main idea now being discussed was that standard setting could be studied, using the care of children as an example.

Dr Irvine noted that in his region external criteria had been developed for the selection of trainers. These reflected the current standards of the day as maintained by the trainers themselves.

Dr Irvine concluded by describing the new Division for General Practice within the Regional Postgraduate Institute for Medicine and Dentistry at the University of Newcastle. This was a new partnership between the College in the Northern Region and the local medical committees within the region. Structurally it resembled the Joint Committee on Postgraduate Training for General Practice.

The Education Committee of this new Division had replaced the old general practice sub-committee of the regional postgraduate committee of the university and had responsibility for continuing medical education and setting standards for care in general practice, as well as vocational training.

Dr Geoffrey Marsh

Dr Geoffrey Marsh, General Practitioner, Norton, Cleveland and Wolfson Professor of the Royal College of General Practitioners, spoke on "Producing a Healthy Child". Dr Marsh presented an obstetric audit carried out in his own practice and showed that the perinatal mortality of his own patients during several consecutive years had averaged at 10·1. This was con-