forgetting common civility and the basic rules of conversational etiquette?

M. THIRLWALL

300 Meadowcroft
Aylesbury
Bucks HP19 3JA.

PREGNANCY DIAGNOSIS AND BACTERIURIA

Sir,

The opinion has been repeatedly expressed that, in general, urinary diagnostic testing in early pregnancy is an unnecessary extravagance. We have, however, found one advantage in obtaining urine specimens early in pregnancy as we have been able to screen them for bacteriuria. All urines submitted to our laboratory are in 'Boricon' containers (the boric acid preventing growth of organisms in the urine before culture).

Of the 9,970 urines submitted for pregnancy diagnosis during 1979, 3,874 (38.9 per cent) gave a positive pregnancy result. These positive pregnancy urines were cultured and in 283 (7.3 per cent) significant bacteriuria ($>10^5$ organisms/ml) was present. Midstream urine samples were requested from these 283 patients and 183 were received. Significant bacteriuria was present in 106 (58 per cent) of the second samples.

Therefore, although most pregnancy testing of urine can be described as an unnecessary extravagance, we can use the same specimen to facilitate early diagnosis of bacteriuria in pregnancy and perhaps prevent the subsequent development of acute pyelonephritis in some of those women.

E. D. S. MURRAY
Medical Assistant
Microbiology Laboratory
Ayrshire Central Hospital
Irvine
Ayrshire.

References

Millar, D. R. & Jarvis, G. J. (1980). Pregnancy diagnosis. *Lancet*, **1**, 875.

Ross, C. A. C. (1976). *Journal of the Royal College of General Practitioners*, **26**, 356.

HYPERTENSION

Sir,

May I draw your readers' attention to the General Practice Study of Hypertension in the Elderly of which I am the co-ordinator. This study, which is based so far on four general practices, is a long-term random control trial of the treatment of patients with hypertension in the age range 60-79. Patients sustaining systolic blood pressures $\geqslant$170 mm Hg or diastolic pressures $\geqslant$105 mm Hg over three examinations are selected on the basis of a total screening of the practice population at this age and, after certain exclusions, randomized into a control and treatment group. The treatment group are receiving atenolol (100 mg daily) backed by bendrofluazide (5 mg daily). Total mortality and cardiovascular morbidity are being recorded in both groups—and in those patients found to have 'normal' blood pressure.

The trial aims to include 600 patients in both the hypertensive groups. So far, 350 patients have been enrolled and we are looking for a few more practices who would be interested in joining. The first patients joined the study five years ago and there is a good adherence to trial protocol (85 per cent), with a mean reduction of 27 mm Hg for systolic and 13 mm Hg for diastolic pressure between the treatment and the control groups.

Anyone interested in the trial should write to me and I would be pleased to send them full details.

JOHN R. COOPE

The Waterhouse
Bollington
Near Macclesfield SK10 5JL.

PERSONAL CARE

Sir,

I was interested to read two letters in the June issue of the *Journal*, one from Dr M. J. Faulkner-Lee (p.377) about 'fit-ins' and the other from my friend of student days, Dr Nigel Hester (p.378) about humility.

I will not dwell on the humility of the College as a body (although I agree with a good deal of what Nigel Hester says) but I do believe that the whole question of appointment systems and 'fit-ins' reflects the level of humility, or lack of it, among general practitioners. It seems to me that an appointment system which restricts the availability of doctors is a way of saying to the patient "I am a much more important and busier chap than you are and I really cannot have you disturbing the routine of my day by wanting to see me at short notice"; it also demonstrates a distinct lack of humility on the part of the doctor.

From the opening of our health centre in 1969, until five years ago, we worked an appointment system of this nature. However, it became apparent to us over that period, like Dr Faulkner-Lee, that this was not helpful to us, to the patients, or to the practice of good medicine. In 1975 we instituted our present system which is even more open than that which Dr Faulkner-Lee describes.

All four of us consult every morning from 08.30 hours onwards (with a communal coffee break for half an hour at 10.30) for as long as is necessary to see those patients who wish to see us on that day, and the afternoons are taken up with clinics of one sort or another. Appointments are made, not in order to restrict the availability of the doctors, but in order to reduce, as far as is practicable, the amount of time for which patients have to sit in the waiting room. Appointments may be booked in advance in the normal way and any patient who rings before 10.30 in the morning asking for an appointment will, if he wishes, be offered an appointment with the doctor of his choice on that day. Any patient ringing after 10.30 will, if he thinks his condition requires to be dealt with that day (and the decision is his, not the doctor's or the receptionist's), be offered an appointment with the duty doctor who is not necessarily the one he normally sees. About half a dozen patients attend this session, which is held at 17.00 hours each day. We encourage our patients to decide which doctor they wish to regard as being 'their doctor' and then encourage them to stick to him, and we find that this system gives patients the maximum opportunity to do this.

Since this system was started we have found that we very rarely see each other's patients except in cases of dire emergency and, of course, absence on holiday or sickness. Using this system we have a surgery consultation rate of 2.7 consultations per patient per year and this figure has decreased steadily over the last five years. In fact, despite an increasing practice population (our present list size is 11,000), our total consultations are dropping.

We find that this system works extremely well and is appreciated by the vast majority of patients, despite the fact that we hold no formal evening surgeries. I shall be very pleased to provide any more details should anyone wish them.

(I shall, of course, refrain from claiming that this demonstrates humility on our part!)

D. P. B. POUND

The Health Centre
London Road
Daventry
Northamptonshire NNII 4EJ.