lates to future ill health. Adults with chronic pyelonephritis have, as a rule, an excellent prognosis and we need to know why some scarred kidneys fail. Some women may need referral to an interested specialist because of atypical symptoms such as haematuria or frequently recurring and distressing attacks occurring every few weeks.[3] This is a major indication for referral but even then frequent attacks are usually best prevented by prophylactic antibiotics. Although excretion urography is a necessary investigation, the emphasis is on the lower urinary tract with cystourethroscopy, the assessment of bladder function and the investigation of urethral flow properties.

Perhaps we should all be emphasizing that frequent attacks, even of acute pyelonephritis, are not the same thing as chronic pyelonephritis and that in the past too many women have been subjected to upsetting and totally unnecessary investigation. It would be tragic if this otherwise excellent paper were to reawaken anxieties in this population of women or their doctors about a relationship between recurrent cystitis and renal tract disease.

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References

1. Brooks D. *The Syndrome of dysuria and frequency in adults—a study from general practice.* University of Manchester: MD Thesis, 1971.
2. Manners BTB, Grob PR, Dulake C and Grieve NWT. The interrelationship of asymptomatic bacteriuria, acute bacterial pyelonephritis and bacterial cystitis in women: in Brumfitt W and Asscher AW (Eds) *Urinary Tract Infection.* London: Oxford University Press, 1973.
3. Brooks D and Mallick N. *Renal Medicine and Urology.* Edinburgh: Churchill Livingstone, 1982.

Hypertension Screening in General Practice

Sir,

I was interested in this paper by S. R. Mayhew (July *Journal* p. 434).

Although the method describes use of a random zero sphygmomanometer, the histogram of diastolic blood pressure distribution shows strong evidence of zero preference. The number of readings in the 65 band is fewer than that in both 60 and 70; the same effect is seen strikingly for 75 and is apparent for 95, 105 and 115. I find this zero preference difficult to reconcile with the use of a random zero sphygmomanometer.

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The Assessment of Affective Learning

Sir,

In a letter (July *Journal,* p. 463) Dr Cyril Gill writes that as part of a thorough examination of the issue of psychiatry in general practice there should be an assessment of how trainees change when undergoing training for general practice both in half-day release case discussion groups and through the trainer-trainee relationship.

One means of assessing the change in trainees in a half-day release group is the degree to which affective learning, that is the emotional acceptance of new knowledge, occurs. Such learning involves the development of new attitudes towards the range of problems that are discussed in the group. It involves the relinquishing of former attitudes based on hospital medical education and the acquisition of a new knowledge base. This is essential if trainees are to acquire the necessary skills and attitudes to detect and deal with the various presentations of psychiatric problems in general practice.

In terms of assessing to what extent affective learning leads to change in trainees, a 'bereavement reaction' model can be utilized.[1] In relation to general practice this model attempts to trace four stages which focus on the feeling states that trainees may pass through after joining a half-day release group. The first stage suggests a period of confusion when beginning the group, followed by denial at the need to change; anger may then be expressed at the changes expected of them and finally a period of reintegration may follow in which new styles of working may be adopted to deal with the new situation.

The extent to which trainees pass through these stages may indicate the degree to which they can be assessed as having acquired the characteristics of the new professional role. Moreover, trainees' new awareness and insight into their own capacity for change should contribute to a more effective functioning in general practice and understanding of the problems presented.

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Reference

1. Kahn E, Lass S, Hartley R, Kornreich H. Affective learning in medical education. *Am J Med Educ* 1981; **56:** 646-652.

DATES FOR YOUR DIARY

North American Primary Care Research Group

The 12th Annual Meeting of the North American Primary Care Research Group will be held on 2–5 May 1984 and will be followed by the 17th Annual Spring Conference of the Society of Teachers of Family Medicine from 5–9 May 1984. Both meetings will be held in Orlando, Florida. The theme will be 'Research in a Brave New World: Community Oriented Primary Care'.

Further details for those who wish to attend or present papers can be obtained from: NAPCRG 1984, Department of Family Medicine, University of Miami, PO Box 016700, Miami, Florida 33104. (Tel: (305) 547-6681)

Study day on practice management

The Bedfordshire and Hertfordshire Faculty is organizing a study day on practice management to be held at the Luton and Dunstable Hospital Postgraduate Medical Centre on Saturday 10 December 1983.

Further details can be obtained from Dr R. D. Chapman, 59 Cotefield Drive, Leighton Buzzard, Bedfordshire.

All Pakistan Biennial Medical Conference

This Conference will be held on 23–27 November 1984 in Karachi. Those interested in attending should contact: Dr Mohammad Sarwar, Honorary Secretary General, Pakistan Medical Association (Centre), PO Box 7267, National Headquarters, PMA House, Garden Road, Karachi 3, Pakistan, for further details.