pointed by the Board of the East Anglia Faculty to whom the trustees will be responsible. The following purposes have been proposed for the Fund:

1. To award 'bursarships' to individual doctors or medical students in East Anglia to support personal visits intended to advance their professional education. In seeking to encourage such visits the trustees have in mind John Stevens' special gifts as a personal teacher, and how much he gave to those who visited him in his practice.
2. To finance visits to individual general practitioners or groups of them in East Anglia by selected persons whom it is felt would make a particular contribution to the professional work of those visited.
3. To support special meetings organized by or through the Faculty Board to encourage the exchange of ideas and stimulate activities designed to improve the standard of general practice education and clinical practice.

The trustees are appealing personally to all members and associates of the College in East Anglia for contributions to the Memorial Fund and also to all ex-trainees of the Ipswich Vocational Training Scheme. We have already received donations from John's personal friends in the College both here and abroad. We are aware that there may be others in the College who have happy memories of John and would like to contribute to this Fund which we feel will support enterprises which were of special interest to him.

Donations should be sent to the John Stevens Memorial Fund, c/o Dr Bernard Reiss, 18 Maids Causeway, Cambridge. Best of all, if you are able to covenant a gift Bernard Reiss will send you details and appropriate forms on request.

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A Follow-up of some North East London Trainees

Sir,

I read Dr Bloomfield's follow-up of North East London trainees (January *Journal,* p.47) with interest, but I am dismayed by the criteria used in the 'Index of Attainment'. Their implication is clear; members of the College are better doctors than non-members and teaching practices are better than the rest.

This seems now to be the accepted wisdom, but is there any supporting evidence? Few regions can have such complete records of training practices as do Devon and Cornwall, but presentations of their data, like the most recent,[1] fail to refer to standards in non-training practices. Is it not possible that 'ordinary' practices are changing just as quickly as training practices?

At a time when the College is pontificating on the use of deputizing services and launching its quality initiative, it will do well not to appear to talk down to the rest of the profession and further alienate non-members.

After all, passing the MRCGP examination indicates no more than scoring sufficient points in a highly stylized test. For myself, a rating of 7 on the 'Index of Attainment' seems to have no bearing on my standing as a general practitioner; that depends on the quality of the service I give my patients.

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Reference

1. Pereira Gray DJ. Selecting general practitioner trainees. *Br Med J* 1984; **288:** 195-198.

Acute Illness in Infants: a General Practice Study

Sir,

The preliminary report of the DHSS multicentre study of infant mortality suggested that an important minority of children who die at home have major symptoms during their terminal illnesses.[1] This arbitrary classification of major symptoms provoked controversy as many thousands of children are seen daily with these common symptoms which were defined as those needing a medical opinion on the same day and included such conditions as wheeze, cough, diarrhoea and vomiting, drowsiness, irritability, fever and being off feeds.

In a follow-up study by Wilson and colleagues, 84 per cent of consultations for acute illness in children contained at least one major symptom (March *Journal,* p155). There was no significant relationship between the reported presence of a major symptom and management of the illness as measured by the issue of a prescription or arrangement for follow-up. This latest study also showed that parents' perceptions of which symptoms were important were at variance with a classification into major and minor. These findings confirm that major symptoms as defined by Stanton and colleagues are too prevalent in general practice to be useful in determining outcome.

Wilson and colleagues hint that study of general practitioners' and patients' perceptions of symptoms may provide a ranking order of potentially hazardous problems, but given the wide variation in interpretation this is unlikely to prove a fruitful approach. A method worthy of consideration is to classify combinations of symptoms in terms of severity—for example, is a combination of fever, wheeze and poor feeding a 'cluster' which is more likely to warrant close scrutiny than a combination of cough, irritability and altered cry? Taken in conjunction with previous history and duration of complaints, 'symptom/sign clusters' may hold the key to outcome rather than symptoms taken individually. 'Clusters' might provide more useful pointers for the general practitioner when he has to take decisions about management and follow-up.

Answers to these questions would require much larger numbers than those in the study reported but could be achieved by asking general practitioners to record information about children seen on selected days or weeks, rather than by attempting to get busy doctors to record continuously over a prolonged period of time. Selective recording provides more reliable results and should be considered by those wishing to pursue the natural history of acute illness in young children.

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References

1. Stanton AN, Downham MAPS, Oakley JR *et al.* Terminal symptoms in children dying suddenly and unexpectedly at home. *Br Med J* 1978; **2:** 1249-1251.

Low Prevalence of Hypertension in Falkland Islands Men

Sir,

Long ago John Fry found, as I remember, about four times as many women hypertensives as men in Beckenham, and Peter Hodgkin found about seven times as many hypertensive women as men in Yorkshire. Being modest men, they did not claim that this represented the prevalence of hypertension in the general population, and in both cases the proportion of male hypertensives has since risen, as blood pressure re-