equation of good medical care. Were he to do so it might make our College a little more acceptable to the many doctors working in our large cities where we are poorly represented.

D. C. MORRELL
Wolfson Professor of General Practice
Department of General Practice
St Thomas' Hospital Medical School
80 Kennington Road
London SE11 6SP

Sir,

I am sure many readers will sympathize, as I do, with some of the views expressed in your leading article (July *Journal*); but perhaps your comments should themselves have been more rational rather than emotional.

You skirt round two problems. Firstly, there is not enough evidence about the therapeutic effect of seeing a familiar face. A fourth year student project study conducted in two Southampton group practices where the partners operated their own on-call rotas showed that patient satisfaction was well correlated with the doctor's approach to the consultation but not with whether the doctor was already known to the patient.[1] Until we can show that doing out-of-hours calls in person confers worthwhile benefits on patients, doctors can be forgiven for concluding that a competent deputizing service may do as well.

Secondly, our British form of general practice, now updated to include group practices and practice rotas for out-of-hours calls, may not be the best system for city populations today. The primary care team was recommended in the Acheson report as a desirable development[2] but it has little relevance to out-of-hours work at present. In the absence of experiments involving alternative settings, staffing, facilities, opening hours and methods of payment, the best solution is a matter of opinion only. Suitable studies are hard to set up but perhaps it would be better to regard deputizing services as an experiment in progress rather than as an example of neglect of the emotional content of night calls. Sympathetic evaluation of out-of-hours services should be encouraged and may include, as you suggest, estimates of the costs to doctors in emotional terms as well as the benefits to patients.

G. K. FREEMAN

Primary Medical Care
Faculty of Medicine
University of Southampton
Aldermoor Health Centre
Aldermoor Close
Southampton SO1 6ST

References

1. Odber E. *Factors affecting patient satisfaction with out-of-hours visits by general practitioners.* Fourth year study in depth 1982. Southampton University (Wessex Medical Library, University Branch).
2. Acheson ED (Chairman). *Primary Health Care in Inner London, report of a study group.* London Health Planning Consortium. DHSS, London; 1981.

Guidelines for hypertension management

Sir,

The Lothian Hypertension Group are to be congratulated on their excellent set of guidelines for the management of hypertension (July *Journal,* p.405).

Having operated a somewhat similar system in Bollington for a number of years in which patients are divided into three 'boxes' dependent on whether their blood pressure warranted drug treatment, close surveillance or neither,[1] may I offer a few comments?

Patients classified initially on the basis of a 'borderline pressure' (95–104 mmHg in the Lothian protocol) on a single occasion will as often as not revert to 'normal' pressure on retake. When this happens there should be some instruction for returning them to five-yearly review as otherwise the clinic will be full of patients being reviewed every six months for very normal blood pressures. We adopt the rule that three successive blood pressures within the normal range is the signal for a change of category.

The group do not suggest routine serum cholesterols except in hypertensive patients below the age of 40 years. Raised cholesterol is however a powerful predictor of coronary disease and, even if the value of dietery treatment is not fully proved, at the very least it will help to define a group of patients in whom really energetic efforts are needed to stop that other dangerous risk factor, smoking.

JOHN COOPE

The Waterhouse
Bollington
Near Macclesfield SK10 5JL

References

1. Coope J R. Management of high blood pressure in general practice. In: *ABC of hypertension.* Pp 42-44 London: British Medical Association; 1981.

Private health insurance

Sir,

Dr Lotte Newman asks for realistic suggestions to improve co-operation between general practitioners and the Private Patients Plan (PPP) (July *Journal* p.413) and I have one.