

a banner of 'cum scientia caritas'. These letters surely represent examples of 'sine scientia' and one is forced to ask to whom the 'caritas'?

S. SCHRIRE

Rechov Kadish Luz 6/53
Ramat Sharett
Jerusalem
Israel

Lothian Hypertension Group Guidelines

Sir,

We are grateful to Dr Lowe (Letter, August *Journal*, p.497) for his interest in the Lothian Hypertension Group's Guidelines and for his question about the recommendation that serum urate levels should be measured in the initial assessment of hypertension. The Group would not claim that this is an essential estimation and would accept the point that hyperuricaemia is simply a biochemical abnormality.

However, the fact that such an abnormality could be exacerbated by the use of thiazide diuretics, which might precipitate clinical gout, can be a factor in determining the most appropriate management, and this seems to us to be sufficient justification for measuring urate levels before embarking on treatment.

J. J. C. CORMACK

Ladywell Medical Centre
Corstorphine
Edinburgh EH12 7TB

The 1984 William Pickles Lecture

Sir,

I would like to congratulate Dr Norell on his excellent 1984 William Pickles Lecture which I have read (August *Journal*, p.417), but was not privileged to hear. I am sure much was gained by those who attended — contentious issues and the slaughtering of sacred cows are best appreciated face-to-face.

However, the substance of his talk comes across very well on paper. Much as one appreciates the efforts of those who constantly strive to raise standards, general practice is an area where art will always rival science and where a theoretical examination will never be a proper test of competence to practice. Nevertheless I would not decry the examination out of hand as it can be rightly placed as complementary to vocational training.

The point of this short letter has put the Armed Forces viewpoint across as Dr Norell does draw attention to their training scheme and to general practice as it is carried out in the Forces.

Firstly, our spectrum of patients does indeed vary from

that found in most civilian practices, even though in the latter there is also a variation depending on geography and interests. The forces' doctors see very few elderly patients, but they do look after a large number of younger ones, particularly young wives and children. Social problems arising out of this particular environment are a big problem, and the responsibility sometimes given to young doctors looking after young families separated from their relatives and home comforts is considerable. It is worth emphasizing that the Navy, Army or RAF each encapsulate a community with all the value that contains. Indeed some general practitioners become Regimental Medical Officers and have responsibility for the whole family within a forces environment, including the need to accompany the menfolk on military exercises, and maintaining their fitness as well as treating their disease. This is admirable practice.

What I am stressing, and I am sure Dr Norell understands, is that general practice in the forces is different in detail; and suffers not a bit in being so; also it is every bit as satisfying to individual medical officers as it is to civilian doctors in their practices.

I would agree we do pay strong attention to vocational training, which is I think of an almost uniformly high standard, and I suggest the good MRCGP results are not just a result of classroom teaching and a good examination technique following the attendance of a course, but reflections of wide, conscientious training and the accelerated maturity that goes with a doctor who serves in a varied and responsible forces environment.

Another point is that we encourage our doctors to do night calls. We do not use deputizing services, a source of some discontent in civilian life.

However, we are aware of our deficiencies and the fact that a military life does not always enable us to produce a moulded civilian general practitioner, but, as was pointed out in Dr Norell's excellent lecture, general practice covers a wide area. How can any doctor live up to the definition of a perfect general practitioner, and under what criteria can he be judged?

P. J. BEALE

Ministry of Defence
First Avenue House
High Holborn
London WC1V 6HE

Sir,

Reading Dr Norell's lecture (August *Journal*, p.417) was a pleasure. The lack of 'damned statistics' and the presence of elegant humour was refreshing in our often 'dry' *Journal*. This is not to say that his opinions are necessarily more valid than the nicely constructed reply of Dr Belton and Dr Lee.

Dr Norell struck the right chord in many of us who are beginning to wonder how far we need to stray from 'what every doctor knows' in pursuit of the indefinable. In con-