group epididymitis was reported to occur in 23% of patients,[6] as against 77% who had torsion of the testicle or torsion of an appendage. In subsequent decades epididymitis predominates over torsion.

A recent paper[6] advocated a computer programme available in the casualty department to improve the diagnosis of testicular pain. While this may be valuable it will be useless if the first clinician to see the patient has not considered torsion. Examination of the external genitalia is essential in any male with abdominal pain and the role of the general practitioner or casualty officer is crucial.

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We thank Mr W.J.D. Bradfield for allowing us to report a patient admitted under his care.

Why not a district policy for hypertension?

Sir,

When we were both postgraduate clinical tutors we decided to designate 1982 as 'The year to start blood pressure checks'.

On the hospital side a new space was printed on all discharge summaries for the blood pressure to be recorded. In general practice we held talks, discussions and distributed posters and other literature. We produced a policy document (available from C.B.-C.) for all doctors, with guidelines on how to screen for high blood pressure and how to act on the blood pressures found, and with suggestions for investigations and treatment. These guidelines were approved by other consultant physicians.

In 1983 and 1984 the policy document was revised and recirculated. We then reviewed the effect of the first year's programme by a questionnaire sent to all general practitioners.

One hundred and twenty questionnaires were posted to general practitioners and 101 (84%) were returned. Six doctors were new to the district since 1982 and these were excluded leaving 95 relevant answers. The results are shown in Table 1.

Table 1. Screening for high blood pressure — 95 responses from general practitioners to postal questionnaire.

	Number	(%)
GPs who were screening before 1982	37	(39)
GPs who started screening as a result of blood pressure check year	40	(42)
GPs who started screening for other reasons	2	(2)
GPs who were screening in 1984 (total)	79	(83)
GPs who remembered seeing policy document	83	(87)
GPs who found policy document helpful	74	(78)

Part of the increase in the numbers of doctors screening may be the result of nationwide changes, but the increase from 39% to 79% over two years indicates to us that the year was worthwhile. We are now in the process of producing guidelines sheets in other clinical areas.

Why not do something like this in your district?

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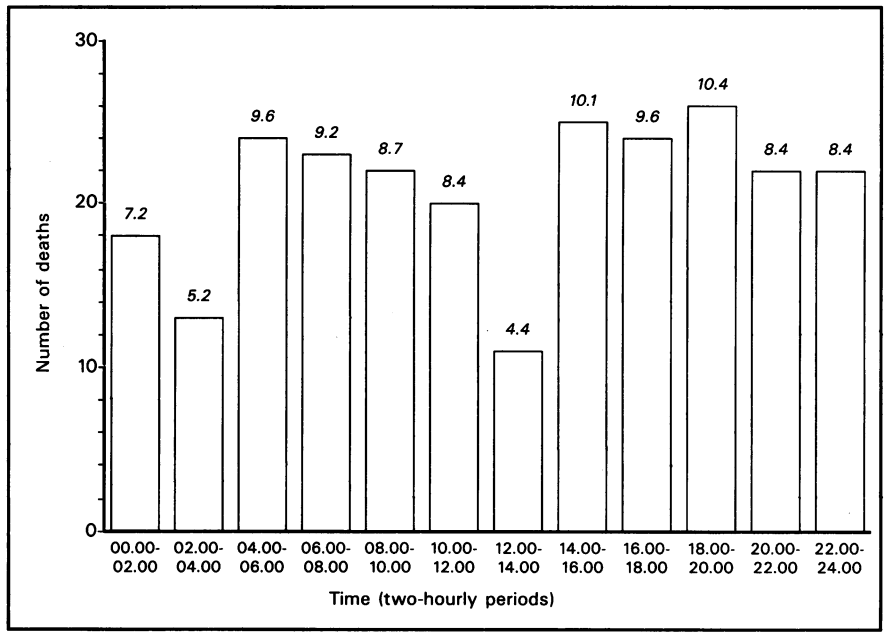

Figure 1. *Combined number of deaths in 1983 and 1984 by time of day in two-hourly periods. (Numbers over bars show percentages;* n = *251 deaths.)*

Assessment of time of death

Sir,

We became aware during our work at the Macmillan Service that a number of calls from families at night were generated from an expectation that people die at night, especially just before the dawn when life forces are supposedly at their lowest ebb. A review of the literature[1,2] produced no information as to whether this supposition was based on fact or not. An attempt was made to investigate this using data obtained from patients cared for by the Macmillan Service. These patients, by definition, were terminally ill with a malignant disease and were cared for and died at home. The notes of all patients who died in 1983 and 1984 were reviewed and the times of death were noted to within half an hour.

We retrieved the notes of 162 patients who died in 1983 and 117 who died in 1984. The data were analysed using Edwards test for cyclic trend.[3] There was no evidence of a cyclical trend for time of death when the two years of data were