before the ultrasound examination, nor was mention made of any sequelae to this finding.

The women may have been reassured that they had a healthy pelvis, but the only conclusion that can be drawn is contrary to that stated in the letter. It would appear that even when a detailed ultrasound was done only two variations on normality were found and it is likely that ultrasound would be more sensitive than bimanual examination. In the past bimanual vaginal examination in asymptomatic women has not been found to be of help in detecting significant pelvic pathology such as ovarian carcinoma. Many research programmes have been undertaken to find a more sensitive screening test such as ultrasound or a tumour marker, but none so far fulfils the necessary requirements.

In many ways this small study will reassure both general practitioners and practice nurses that they are unlikely to miss a serious problem by not performing a bimanual examination when taking a routine cervical smear.

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Reference

Right to receive treatment

Sir,

Julie Dawson’s editorial ‘Refusing to treat smokers: why this is untenable’ (October Journal, p 435) criticizing surgeon colleagues and diverse persons speaking for them is itself based on a popular and false misconception.

Dawson refers to ‘...the National Health Service’s philosophy of equity of access to services’. This is not so. Services are what shopkeepers provide. Professions only offer advice. The NHS is a political concept and every politician since Aneurin Bevan has referred, from time to time, to the principle of the NHS being access for all to medical advice, free of charge, at the time of need.

Confirming the relationship of the public to the NHS, on 17 October 1994 Mr Justice Auld upheld Sheffield Regional Health Authority’s refusal to provide treatment for infertility to a woman aged 37 years who contested the medical advice given to the authority that she was not suitable for treatment (Daily Mail, 18 October 1994).

If a health system guaranteed equity of access to services, all could then decide for themselves their treatments, investigations and operations, and doctors would become mere ciphers with technical skills.

The public do not realize how few rights they have to the services in the NHS and it is their ever rising expectations and demands for service which are lowering the morale of general practitioners. The practice of general medicine is a lifelong joy. When colleagues indicate a desire to retire at 55 years old saying they wish they had never entered general practice, it is practice in the NHS, not general practice, which they regret.

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The Journal

Sir,

I frequently listen to criticism from members of the Royal College of General Practitioners regarding the standard and readability of the British Journal of General Practice and their questioning of its relevance to day-to-day general practice. I have tried to explain the academic nature of the Journal, the strict refereeing process which is carried out, and the difficult editorial decisions which have to be made in choosing between papers for publication.

I was delighted to read in the RCGP Members’ reference book 1994 that recent scientific citation index data ranked the Journal 19th out of 120 in the world in the general and internal medicine category and that this was the highest ranking general practice journal. This demonstrates the importance of the research published by the Journal. Long may this continue.

T STUART MURRAY
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Reference

Hypertension in the very elderly trial

Sir,

Five major randomized trials have established that the treatment of hypertension in older patients up to the age of 80 years results in a 40%-50% reduction in stroke.1,5 Stroke is a frequent cause of disability in older patients and it is therefore important to find out if the effectiveness of antihypertensive therapy extends to patients above the age of 80 years.

A new trial is being organized by the Division of Geriatric Medicine at the Hammersmith Hospital, London — the hypertension in the very elderly trial. The trial will run for seven years and will need to recruit 2100 patients who will be randomised into three groups of 700 patients, to make up the two treatment arms and one control arm of the trial. This will give the trial a 90% power of detecting a 40% reduction in stroke at the 1% significance level. One of the treatment regimens will be based on a diuretic and the other an angiotensin converting enzyme inhibitor. The pilot stage of the trial is now under way and has been funded by the British Heart Foundation.

The organizers are anxious to recruit patients for this important trial. The salary of a nurse research worker will be paid at a rate of £44.00 per patient year to enable a nurse to be employed for a three-hour weekly session when 20 patients have been recruited.

Any practices interested in taking part should please write to: Professor C J Bullett or Dr Astrid Fletcher, Division of Geriatric Medicine, Department of Medicine, Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane Road, London W12 0NN, and a full protocol of the trial will be sent to them.

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References