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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Mortality of male doctors and reductions in cigarette smoking

SIR,—The provocative paper by Mr P N Lee (15 December, p 1538) presents data on a very important issue and it is nice to read of attempts to utilise the Registrar General's publications. However, there are four points that should be borne in mind before attempting interpretation of his material.

Firstly, is there variation in the quality of the data, over time and between the groups being contrasted? Secondly, comparison cannot be made directly between standardised mortality ratios for different periods where the standard rates have altered—for example, the male doctors' mortality rates increased in the period 1931-51¹ and did not decline as suggested by Mr Lee. Thirdly, there have been changes in the recruitment both to the medical profession and to the categories making up social classes I and II between 1951 and 1971. Finally, there has been a reduction

in the average number of cigarettes smoked in social classes I and II between 1958 and 1971² and yet their suicide rates have not increased.

Mr Lee's conclusions have been extrapolated way beyond the material presented; he does not give any information on why people smoke or on what happens to them when they cease—though Fletcher and Doll³ concluded that doctors who stopped smoking were, in general, aware more of benefits than of any sense of deprivation, either physical or psychological. The above points do not lend any credence to the conclusions that giving up smoking has "adverse consequences."

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¹ Adelstein AM. *Br Med J* 1978;ii:983-7.

² Todd GF. *Social class variation in cigarette smoking and in mortality from associated diseases*, Tobacco Research Council Occasional Paper No 2. London, TRC, 1976.

³ Fletcher C, Doll R. *Br J Prev Soc Med* 1969;23: 145-53.

Hypertension and general practice

SIR,—Dr M H F Coigley and Nurse Greta Barnes (15 December, p 1582) are to be congratulated on their impressive results in the detection and management of hypertension by participants in the Medical Research Council trial of mild-to-moderate hypertension. As one of the first contributors of patients to this study¹ I am glad that things are going so well.

The question which arises is whether such practices, like that in Stratford, are representative of general practice as a whole. Most practices are not involved in undergraduate