

- 12 Mohr DN, Offord KP, Owen RA, Melton LJ. Asymptomatic microhematuria and urologic disease: a population-based study. *JAMA* 1986; 256: 224-9.
- 13 Thompson IM. The evaluation of microscopic hematuria: a population-based study. *J Urol* 1987; 138: 1189-90.
- 14 Addis T. The number of formed elements in the urinary sediment of normal individuals. *J Clin Invest* 1926; 2: 409-15.
- 15 Mariani AJ, Mariani MC, Macchioni C, Stams UK, Hariharan A, Moriera A. The significance of adult hematuria: 1000 hematuria evaluations including a risk-benefit and cost-effectiveness analysis. *J Urol* 1989; 141: 350-5.
- 16 Jones DJ, Langstaff RJ, Holt SD, Morgans BT. The value of cystourethroscopy in the investigation of microscopic haematuria in adult males under 40 years. A prospective study of 100 patients. *Br J Urol* 1988; 62: 541-5.
- 17 OPCS. *Registrations of cancer diagnoses in 1989, England and Wales*. Cancer statistics: registrations; MB1 (No. 22): London: HMSO, 1994.
- 18 Paul AB, Collie DA, Wild SR, Chishom GD. An integrated haematuria clinic. *Br J Clin Pract* 1993; 47: 128-30.
- 19 Chen BTM, Ooi BS, Tan KK, Lim CH. Comparative studies of asymptomatic proteinuria and haematuria. *Arch Intern Med* 1974; 134: 901-5.
- 20 Topham PS, Harper SJ, Furness PN, Harris KPG, Walls J, Feehally J. Glomerular disease as a cause of isolated microscopic haematuria. *Q J Med* 1994; 87: 329-35.
- 21 Arm JP, Peile EB, Rainford DJ, Strike PW, Tettmar RE. Significance of dipstick haematuria. 1. Correlation with microscopy of the urine. *Br J Urol* 1986; 58: 211-7.
- 22 Gleeson MJ, Connolly J, Grainger R, McDermott TED, Butler MR. Comparison of reagent strips (dipstick) and microscopic haematuria in urological out-patients. *Br J Urol* 1993; 72: 594-6.
- 23 Bonnardeau A, Somerville P, Kaye M. A study of the reliability of dipstick urinalysis. *Clin Nephrol* 1994; 41: 167-72.
- 24 Lynch TH, Waymont B, Dunn JA, Hughes MA, Wallace DMA. Repeat testing for haematuria and underlying urological pathology. *Br J Urol* 1994; 74: 730-2.
- 25 Lingard DA, Lawson TL. Accuracy of ultrasound in predicting the nature of renal masses. *J Urol* 1979; 122: 724-7.
- 26 Rosenblatt R, Kutcher R. The role of ultrasonography in the diagnosis of the renal mass and impaired renal function. *JAMA* 1984; 251: 2561-3.
- 27 Branger B, Oules R, Balducchi JP, et al. Ultrasonically continuously guided renal biopsy. *Uremia Invest* 1985; 9: 297-303.
- 28 Birnholz JC, Kasinath BS, Corwin HL. An improved technique for ultrasound guided percutaneous renal biopsy. *Kidney Int* 1985; 27: 80-2.
- 29 Lee SM, King J, Spargo BH. Efficacy of percutaneous renal biopsy in obese patients under computerized tomographic guidance. *Clin Nephrol* 1991; 35: 123-9.
- 30 Kumar A, Mitchell MJ, Aggarwal S, Fraser DB, Trillo AA. Ultrasonography-directed native renal biopsy: comparison of an automated biopsy device with a needle system. *J Can Assoc Radiol* 1992; 43: 359-63.
- 31 Tung KT, Downes MO, O'Donnell PJ. Renal biopsy in diffuse renal disease - experience with a 14-gauge automated biopsy gun. *Clin Radiol* 1992; 46: 111-3.
- 32 Cozens NJA, Murchison JT, Allan PL, Winney RJ. Conventional 15G needle technique for renal biopsy compared with ultrasound-guided spring-loaded 18G needle biopsy. *Br J Radiol* 1992; 65: 594-7.
- 33 Corwin HL, Silverstein MD. The diagnosis of neoplasia in patients with asymptomatic microscopic haematuria: a decision analysis. *J Urol* 1988; 139: 1002-6.
- 34 Murakami S, Igarashi T, Hara S, Shimazaki J. Strategies for asymptomatic microscopic hematuria: a prospective study of 1,034 patients. *J Urol* 1990; 144: 99-101.
- 35 Howard RS, Golin AL. Long-term follow up of asymptomatic microhematuria. *J Urol* 1991; 145: 335-6.

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PRESS RELEASE

British blood pressure study seeks brothers and sisters

High blood pressure arises from a combination of genes inherited from our parents and factors we are exposed to in everyday life such as adding table salt to our food, drinking too much alcohol and being overweight. At this time we know very little about the inherited factors which raise blood pressure. Since raised blood pressure increases a person's risk of stroke or heart disease, understanding the genes which cause blood pressure to rise in some people may help us to prevent these complications.

In Britain, scientists and doctors from universities in Glasgow, Cambridge, Aberdeen, Leicester, Oxford and at St Bartholomew's Hospital are working in partnership to discover the inherited factors which predispose people to high blood pressure. This partnership has been funded by the Medical Research Council to undertake The British Genetics of Hypertension Study which has now started recruiting families. Our aim is to identify 1500 families based on two or more brothers/sisters with high blood pressure over the next three years through the Medical Research Council GP Framework. From blood samples we will be able to search all 1500 families genes with the aim of identifying the genes contributing to raised blood pressure. Ultimately we hope this work will lead to new and improved treatments for high blood pressure and help to reduce stroke and heart disease.

Any families with two or more brothers or sisters with high blood pressure who would like more information should call our research nurses on 0171 415 3422.

For further information contact:

Dr Mark Caulfield - St Bartholomew's and The Royal London School of Medicine, London, tel: 0171 415 3403, or

Professor John Connell - Western Infirmary, University of Glasgow, Glasgow, tel: 0141 211 2610.