

What is equally important, in my opinion, is whether any particular clinical picture (for example purulent tonsillitis and fever) responds more quickly to penicillin than to placebo. I suspect it does and I hope that Dr Everett, on looking through his findings will be able to support whether this is so or not.

In my opinion the uncritical prescribing of penicillin for all sore throats will result in poor medical care and needless prescribing with the resultant increased cost to the National Health Service, the risk of sensitivity reactions and the expectancy of the public for treatment by a drug that has not been proven (to my satisfaction) to have any definite effect on their illness.

The more one investigates this vague syndrome of upper respiratory infection the more questions are posed. I would like to see a large (possibly faculty) investigation being organised by the Royal College of General Practitioners to attempt to answer some of the very important questions that general practitioners have to face every working day.

M. J. WHITFIELD

24 Hanbury Road,  
Clifton, Bristol.

#### REFERENCES

- Brumfitt, W. & Slater, J. H. D. (1957). *Lancet*, **1**, 8.  
 Chapple, P. A. *et al.* (1956). *British Medical Journal*, **1**, 705.  
 Dunnell, K. & Cartwright, A. (1972). *Medicine Takers, Prescribers and Hoarders*, p. 16. London: Routledge & Kegan Paul.  
 Evans, A. S. & Dick, E. C. (1964). *Journal of American Medical Association*, **190**, No. 8, 89.  
 Everett, M. T. (1975). *Journal of the Royal College of General Practitioners*, **25**, 317.  
 Gordon, M. *et al.* (1974). *Medical Journal of Australia*, **1**, 304.  
 Kaplan, E. L. *et al.* (1971). *Journal of Infectious Diseases*, **123**, 490.  
 Merenstein, J. H. & Rogers, K. D. (1974). *Journal of American Medical Association*, **227**, No. 11, 1278.  
 Valkenberg, H. A. *et al.* (1971). *Journal of Infectious Diseases*, **124**, 348.  
 Wannamaker, L. W. (1972). *American Journal of Disabled Children*, **124**, 352.

#### WORLD CONFERENCE ON GIFTED CHILDREN

Sir,  
 Might I draw my profession's attention to this problem, please? It is possible that few doctors understand it. The current estimate of gifted children in the community is 200,000. They are the ones, who, if considered compassionately, and cherished, will form the mainspring in the renaissance of Britain from its present parlous state. At present Israel, Russia and some parts of the United States of America, organise special care in the handling of gifted children.

In the United Kingdom, a gifted child is lucky indeed if he is even spotted—there is so much effort devoted to the retarded, that the gifted are neglected and missed. They are, basically, just as much handicapped (being children requiring exceptional treatment) as the retarded. The trouble is that they appear, often obnoxious, precocious, tend to have bad handwriting, and are frequently rebellious because of frustration. It is easy for them, if unrecognised, to become delinquent—or to retreat into a permanent non-productive shell, hiding their talent. The point is to spot them as early as possible (i.e. the “alert baby”) and try, when asked, to be able to guide them and their parents in the management of their difficulties.

There is (during September 8–12) a *World Conference on Gifted Children* to be held at the Royal College of Surgeons, Lincoln's Inn Fields, London. All medical men are welcome. The conference fees are reduced, and a daily rate of attendance can be obtained, to those who are a member of the National Association for Gifted Children, 27 John Adam Street, London WC2N 6HX (annual subscription £2.00). There are branches all over the country.

A generalised awareness by our profession, with observations on how to recognise the gifted, is much needed. A whole morning session at the Conference is devoted to their emotional disturbances for instance. How should we deal with them?

Our College is concerned, primarily, in the promotion of good general practice, which means that each of us should *really* know our patients. The gifted child potentially sets a problem, almost certainly in every general practice. In addition, the subject is inherently fascinating especially as a ‘whole-family-problem’, and one in which, with but little trouble, a sympathetic general practitioner can be of immense value.

In the sixteenth century, Queen Elizabeth recognised the problem, and encouraged the gifted. Why not us?

P. E. F. ROUTLEY

7 Glenochy Terrace,  
Edinburgh EH9 2DQ.

#### CHANGES IN THE ENVIRONMENT— AN EPIDEMIOLOGIST'S VIEW

Sir,  
 I am writing about the final paragraph *The Challenge for the Future* in Sir Richard Doll's excellent and thought provoking article in the *May Journal*.

He says we have to control our appetites for concentrated food, and mental stimulation by drugs and dangerous driving. Surely the best long term way of controlling this is through health education in schools. Attitudes to life are formed in childhood, a fact which is being realised more and more by enlightened teachers in our schools.