

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.

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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?

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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.

Accounts have appeared in the *Journal* of doctors becoming involved in such teaching; it is more of these that are needed to influence the next generation towards healthier attitudes to life.

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TOMORROW'S CHILD HEALTH SERVICE

Sir,

As a general practitioner who attended nearly every meeting of the Child Health Sub-Group of the Joint Working Party on the Integration of Medical Work from its inception, and vigorously promoted the interests of general practice, I am astonished at Dr Swanson's letter (*May Journal*) in which he claims initially to have been the sole representative of general practice on the Group.

The proposal that Dr Buchanan be invited to join the discussion came from the Group as a whole in response to the feeling that there was inadequate general-practice representation. In presenting a report covering the diverse range of activities encompassed by the practice of child health, the Group were well aware of its shortcomings. Nevertheless the central and important responsibility of general practice was never in dispute. The Report, if read carefully, implies considerable enhancement of the responsibilities and opportunities for child health work in general practice.

I agree with Dr Swanson that primary medical care and general practice are not synonymous, general practice being a component of primary medical care with the general practitioner as the co-ordinator of all primary medical care activities concerning his patients. I cannot believe that our "Hospital and administrative colleagues"—certainly not those in the Sub-Group—are quite so easily disorientated as his letter might imply.

In reply to Dr White's letter in the same issue of the *Journal* he may be interested to hear that a group from the Court Committee has visited Scotland and that the views of many Scottish general practitioners about the development and integration of child health work have been fairly represented by my colleagues and me.

We cannot promote general practice as the principal source of child health care unless it is prepared to stretch itself and undertake new clinical responsibilities. Unless we do so then general practitioners cannot complain if the present fragmented and professionally unrewarding system of child health care continues.

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THE NEED FOR

MORE FACTS ABOUT ABORTION

Sir,

Your reference to 20-30 per cent of women becoming sterile is grossly inaccurate. Kotasek, not Kotaskek, as printed, states five per cent acute inflammation, 20-30 per cent permanent complications, such as sterility, ectopic pregnancy, spontaneous abortions, and prematurity.

There is factual evidence concerning sequelae from Eastern Europe, Sweden, Japan and the United States of America, but the Department of Health refuse to recognise them in the one instance, yet attribute validity to them when they circularise hospitals on the advantages of day abortions in the latter case they quote the series from Yugoslavia and the U.S.A.

A prospective study proposed by the Department of Obstetrics and Gynaecology, at Oxford was turned down and seven years have now been lost. A study by the Royal College of General Practitioners will be very incomplete because the younger women being aborted are precisely those who will move from their family doctor because of marriage, changing jobs, or being students, and in many cases there will be no record of termination. In Eastern Europe, abortion laws have become more restrictive because of ill-health both of mothers and their subsequent obstetric performance, a very large number of first pregnancies have been aborted in this country since April 1968.

It appears irresponsible on the part of the Department of Health not to accept evidence of 15-20 years' experience of countries with liberal laws.

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HYPERTENSION: ITS CAUSES, CONSEQUENCES AND MANAGEMENT

Sir,

Dr John Fry criticises Pickering's little book *Hypertension: Its Causes, Consequences, and Management* for omitting recent surveys of hypertension in general practice and the detection of early hypertension in the community. As is well known, different authors define hypertension differently (from 120/80 to 180/110) and, as Pickering points out, all such dividing lines are arbitrary and in the nature of artefacts. The