

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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#### REFERENCE

Doll, Sir Richard (1973). *Journal of the Royal College of General Practitioners*, 25, 326-334.

#### 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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#### REFERENCES

Swanson, C. J. (1975). *Journal of the Royal College of General Practitioners*, 25, 344-5.

White, D. H. (1975). *Journal of the Royal College of General Practitioners*, 25, 346.

#### 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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#### REFERENCE

*Journal of the Royal College of General Practitioners* (1975). Editorial, 25, 235-6.

#### 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