

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

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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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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

enormous variation in arterial pressure in healthy subjects living their ordinary lives is shown in the March issue of your *Journal* in figures 4a and 4b of Tudor Hart's paper—figures from Pickering's department published, apparently, without the knowledge and consent of the authors.

A survey of hypertension in general practice could be of interest in showing the frequency of particular values of arterial pressure in a population sample. Should its data differ from those in other samples, the difference might be due to the composition of the samples or the conditions of measurement. Pickering does show the frequency distribution of arterial pressure for each sex and decade of age in one population sample (figure 3.2). He also shows the means for each age group in the two sexes in Miall and Oldham's surveys from South Wales, surveys which have never been bettered. He finds the means for each age group in both sexes nearly identical in the London sample and in the National Nourishment Survey in Japan (table 3.1). Finally, he shows the frequency of "clinical hypertension" according to two criteria, based on response to treatment, in the London population sample (figures 3.3 and 3.4).

Would Dr Fry be good enough to enlighten your readers as to what other vital information has been got from the surveys to which he refers and which has been omitted from Pickering's books?

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GENERAL PRACTITIONERS AND SOCIAL WORKERS

Sir,
At a recent meeting of social workers and general

practitioners in Manchester it was decided that there is a need for a group whose special function is to foster co-operation between social work and general practice. It was thought that professional organisations involved in promoting co-operation were too remote to be able to monitor adequately the problems that occur in the field. It was also pointed out that the professional organisations most intimately concerned, the British Association of Social Workers and the Royal College of General Practitioners, were limited to dealing with their own members when they tried to promote co-operation.

The meeting therefore decided to constitute itself formerly and the title chosen for the group was *General Practitioner and Social Worker Workshop*. We have drawn up a constitution, and have appointed officers for the forthcoming year. It is unfortunately necessary for us to charge a subscription to cover the costs of postage and stationery and some small-scale research projects that we envisage being undertaken.

We stress that we see ourselves not as a rival organisation to other professional bodies, but rather as a body which has constituted itself to perform a special task. Should we find that the need for our existence no longer exists we would dissolve ourselves. Our experience so far, however, during two and a half years of informal meeting, is that there is a need for a group which can act as a focal point for those interested in general practice/social work co-operation.

If anyone is interested in joining the group, details of our constitution and aims can be obtained by sending a reply paid envelope to the honorary secretary.

G. KEELE
Hon. Secretary

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SELF-POISONING WITH DRUGS

The incidence of self-poisoning with drugs has doubled in Sheffield in the past ten years. It now causes almost one in ten of all medical admissions and one in five of all medical emergencies; it is the second most common reason for emergency admission to medical beds.

The average age of the patients has fallen; one in five has previously been admitted to hospital with self-poisoning. The drugs used are normally prescribed by a doctor and the types employed reflect national prescribing trends. It is estimated that over 70,000 self-poisoning cases may be admitted to hospitals in the United Kingdom each year.

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- Smith, A. J. (1972). *British Medical Journal*, **4**, 157. (Author's summary).