LETTERS

Healthier Children—Thinking Prevention

Sir,
I am currently researching the topic of children and alcohol and was delighted to read of the 'Healthier Children—Thinking Prevention' report, but disappointed to find that alcohol had been virtually ignored. The attitudes being developed now will influence the adult problems in the next decade. One redeeming feature of the prevention report was the introduction of the Brimblecombe Cycle, and if I may be allowed to adapt it to alcohol and children it should look like this.

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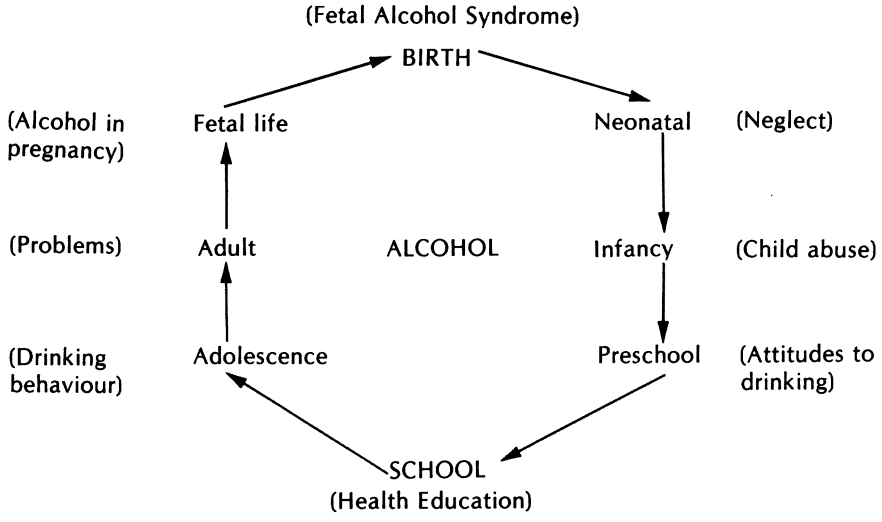

Sir,
I have been immensely impressed by the volume of work done on the above report in gathering the facts, analysing the same, and presenting them so well. I would like to congratulate the convenors and the working party for it. Nonetheless, I feel that in spite of minute details in most fields, the most important factor of prevention of disease, health education, has been very poorly dealt with and mentioned only briefly. A child is most receptive in the early years of education, and identifying to him the health-spoiling factors would save the considerable proportion of 7.9 per cent of boys and 2.6 per cent of girls under the age of ten from the hazards of smoking, and a large number of tender teens from abortion—a procedure with considerable sequelae, however efficiently procured. The WHO itemizes 'Health Education' as the main task of primary health care, which emphasizes the supreme importance of it.

I dare say that health is nature's gift to everyone, and learning a few lessons on how to preserve it is within one's own will and power. Dis-ease manifests itself only when a person does something physiologically foolish which nature is hard pressed to correct. Imparting 'physicracy' (to rhyme with literacy and numeracy) through a health oriented programme of education is the only hope of assuring that an individual is forewarned not to act foolishly.

Just as a person can preserve and advance his personal wealth aided by literacy and numeracy, similarly he should be able to preserve and improve his health through physicracy, and a doctor's role in achieving that should be as small as that of a lawyer or accountant. I assert that along with alphabet and numbers, the factors of health should be compulsorily taught from the first primary school, and proficiency in them should be as essential as that in languages and mathematics for achieving success at school certificate level.

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Medicalization and Primary Care

Sir,
Ivan Illich (August *Journal*, p. 463) is a great stimulus to self-criticism. Examining a few days' work, I found that his hypothesis that general practitioner activities are triage, policing and pastoral care is not generally true. I diagnose and treat problems and diseases that patients request help with because they cannot reasonably acquire the necessary skills themselves. Some of the work is pastoral; helping them to live more comfortably, courageously and constructively, or adaptively and adventurously. Perhaps Illich should attack 'insurancization' and its concomitant 'litiginization', especially when combined with contingent fees. These are much more potent destroyers of dignified human living.

Possibly he regrets the passing of 'religionization', where the individual needs help with the problems of daily living from an institutional religion. This was characteristic of mediaeval times. Perhaps he should recognise that people are interdependent rather than independent.

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Blood Pressure Screening by Casualty Departments

Sir,
I read with extreme interest your article "Why not blood pressure screening by casualty departments?" (July *Journal*, p. 442). I do wonder what size accident and emergency (not casualty) department the author was working in and what the staffing ratios were. It is my impression, after having done a considerable amount of general practice, that the general practitioner is far more suited to screen the practice population and can do this more efficiently than any accident and emergency department. Dr McCandless, I think, forgets the problem of communication between accident and emergency departments and the general practitioner. I would consider that some 40 per cent of the short letters we give to patients never reach the general practitioner, which renders of course the whole exercise futile if one is screening for hypertension. I would also take up his point regarding the fact that many patients have an elevated blood pressure. Many of the patients attending accident and emergency departments are of course under