

considerable stress and highly anxious, and I would think that a large number of them when they have their blood pressure rechecked will present with a much lower reading.

I would consider that by far the best place to screen for blood pressure, if it is necessary, would be in the general practitioner's surgery using a practice nurse working efficiently in an environment where the patients are at rest, especially if they are regular attenders. I would certainly be very opposed to screening procedures taking place in any accident and emergency department. I think we probably do enough of the community work already.

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Amniocentesis for Down's Syndrome

Sir,
Thoughtful readers of the report on Down's syndrome in Scotland (July *Journal*, p. 410) must surely have found themselves grappling with the ethical dilemmas involved.

Two ethical issues were raised. First the health care economist's view. "Offering amniocentesis to women over 35 is based on cost-benefit analysis studies". Limited funds must be used wisely, but the economic factor cannot be the over-riding one for the general practitioner dealing with an individual patient. It has recently been reported that female fetuses are being aborted abroad. The cost-effectiveness is to parents rather than health care planners but as an illustration of where the "cost-effective" argument can lead, it serves as a warning.

The second issue raised was the effect on the family of having a Down's person added to it. The implication is that the study in Scotland may reveal that the challenge to a family of rearing a Down's person, whilst making great demands on time, energy and love, may even be "to the great enrichment of society". This may turn out to be true and many of us could think of such a Down's family.

But surely the fate of a Down's fetus should be decided neither by economics, nor by the statistical risk to family survival, but on an individual basis. Each couple must be helped to consider every aspect: the risks of amniocentesis for a possibly normal fetus, their own personal resources, their wider family's ability to help and their own beliefs about the extent to which a fetus is a human life.

As in all abortion counselling the general practitioner must help an anxious and possibly torn patient to think through all the issues before making a decision. Whatever they decide, we want them to be able to look back and feel that they took the best course of action for them at that time.

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Measles Vaccine

Sir,
In this practice we have been impressed in the same way as Dr Robinson (September *Journal*, p. 578) by the current outbreak of measles, many of the cases occurring in immunized children. We are a practice of eight doctors with a list size of 19,387 patients. In June we kept a record of the number of cases occurring in immunized and non-immunized children. Their age was mainly five to six years. In that period 15 who had not been immunized and 18 who had been immunized developed measles. It is difficult to advise patients in emphatic terms to have their children immunized when the success rate of immunization seems so patchy.

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Mental Health Foundation

Sir,
I would like to make a small correction to your article about the Mental Health Foundation (July *Journal*, p. 448).

During the past few years the Mental Health Foundation has sponsored a number of research projects carried out by individual general practitioners as well as community-based projects designed to support the work of general practitioners. Our practice is located in inner London with a list size of approximately 7,000, and we have been recording consultation data for computer analysis since 1971. A grant from the Mental Health Foundation has enabled us to look in some detail at those patients who consult their general practitioner for psychological problems, and to study the outcome of referrals for psychiatric treatment.

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Sir,
I note your concern (July *Journal*, p. 448) about the lack of representation from general practice on the committees of the Mental Health Foundation. It may be a small consolation to you that I am a member of the Executive Committee of the Mental Health Foundation, Scotland. I would like to add that the Mental Health Foundation provided much needed support to me as a general practitioner in the early days of my research into Down's syndrome, so I do not think this oversight in representation should be interpreted as lack of concern.

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Annual Report

Sir,
I bisected the Annual Report through the spine at pages 192 to 193 and discarded the back half. Even so it is still too cumbersome to have in the pocket for the AGM itself—shame. The College has accepted a free gift which it will rue, because it will cost more than appears at first sight. Any organisation that cannot afford £2 per member per year for an Annual Report and Annual Statement of Accounts is hardly saying much about its own worth.

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Jackpot

Sir,
You note (September *Journal*, p. 580) that "no such memorable euphony" as WHO or UNICEF has befallen the JCPTGP. For a profession that has coined 'Itchpick' for the index properly called ICHPPC and 'Asskebab' (a nicely judged culinary touch, that) for the Armed Services General Practice Training Approval Board, this degree of pessimism is challenging.

May I suggest that ex-trainees (and others) joyfully receiving their Certificates from the JCPT refer to them as 'their Jackpot'. Surely this would succinctly indicate the value of this piece of paper, and at the same time give lasting tribute to the labours of our former Dean of Studies. Maybe 'Jackspot' would be even better?

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