

The study compares penicillin with placebo. In general practice, the option is whether to prescribe an antibiotic or to give appropriate advice.

I would acknowledge, of course, the importance of the education of patients in the appropriate use of medical services and simple home treatment. It is a pity, however, that it would not be possible to perform a blinded study comparing penicillin with advice. If, in such a study, those patients prescribed penicillin fared better, then perhaps, considering the evidence that patients who received placebo fared better than those who received penicillin,¹ we should start prescribing placebo!

JAMES HICKMAN

The Health Centre
North Curry
Taunton
Somerset TA3 6NQ

Reference

1. Howe RW, Millar MR, Coast M, *et al.* A randomized controlled trial of antibiotics on symptom resolution in patients presenting to their general practitioner with a sore throat. *Br J Gen Pract* 1997; **47**: 280-284.

Like mother, like daughter

Sir,

We were glad to see the letter from Gbolade (August *Journal*) written in response to our paper.¹ We felt, however, that it deserved comment.

The suggestion is made that the social and sexual milieu is different for today's teenagers, and that, because of the more liberal attitudes to such events, more teenagers continue their pregnancies. Although it is true that today's teenagers are probably starting sexual intercourse at an earlier age,² this is not reflected in the number of teenagers becoming pregnant: of 1000 women aged 16-19, 19 fewer conceived in 1992 compared with 1969. Far more of today's teenagers have their pregnancies terminated than was the case in their mother's generation. We calculated that in England and Wales the actual births to teenage mothers in this age group in 1992 totalled only 53% of the births in 1969.³

The second point made is that the pregnant teenagers may also have a father who was a parent as a teenager. This is a possibility, and for some of the girls in our study, which was part of a much wider study of teenage pregnancy in general

practice, this was actually the case. However, finding fathers is far more difficult, and many of the girls no longer lived with their natural father.

As mentioned, this was a much more detailed study (Seamark C. MPhil thesis, University of Exeter, 1996) than there was room to publish in a brief report. The medical notes of both the girls and the mothers were carefully searched, and the knowledge of their GP was also sought. There were no suggestions of sexual abuse or incest being responsible for any of the pregnancies in the present day teenagers, nor did it feature in the records of their mothers, although it is an interesting hypothesis.

We agree that no one study should be seen in isolation, although this was probably one of the most detailed studies of teenage pregnancy undertaken from a general practice perspective. We hope we have also managed to correct some commonly held misconceptions on the level of teenage pregnancy in this country in the 1990s.

CLARE J SEAMARK
DENIS J PEREIRA GRAY

Institute of General Practice
University of Exeter
Postgraduate Medical School
Barrack Road
Exeter EX2 5DW

References

1. Seamark CJ, Gray DJP. Like mother, like daughter: a general practice study of maternal influences on teenage pregnancy. *Br J Gen Pract* 1997; **47**: 175-176.
2. Wellings K, Field J, Johnson A, Wadsworth J. *Sexual behaviour in Britain*. Harmondsworth: Penguin, 1994.
3. Office of Population Censuses and Surveys. *Birth statistics*. [FMI 1969-1992.] London, HMSO (published annually).

Folic acid supplements and NTDs

Sir,

The study by McGovern *et al*¹ is very welcome, as it highlights the issue of poor compliance with the Department of Health guidelines regarding the use of folic acid supplements to prevent neural tube defects (NTDs).² It is clear that women's knowledge and use of folic acid supplements has increased since the guidelines were first issued.³ However, if one considers that neural tube closure is complete by the end of the fourth week of gestation, the proportion of women taking supplements at a time when they are most likely to be use-

ful remains disappointingly low.

On the basis of the results of NTDs that have been prevented, it would seem prudent that we continue with a broad-based health education campaign regarding the potential benefits of folic acid prophylaxis, but focus discussion on the importance of taking supplements before conception and early on in the pregnancy. One way of achieving this would be to develop the concept of a 'critical period' in relation to neural tube formation.

Folic acid prophylaxis is a primary prevention intervention of proven efficacy and is therefore a health promotional activity that warrants our support.

AZIZ SHEIKH

Department of General Practice
and Primary Health Care
Imperial College of Science,
Technology and Medicine
Norfolk Place
London W2 1PG

References

1. McGovern E, Moss H, Grewal G, *et al.* Factors affecting the use of folic acid supplements in pregnant women in Glasgow. *Br J Gen Pract* 1997; **47**: 635-637.
2. Chief Medical Officers and Chief Nursing Officers of the UK. *Folic acid and neural tube defects: guidelines on prevention*. London: DoH, 1992.
3. Clark NAL, Fisk NM. Minimal compliance with the Department of Health recommendations for routine folic acid prophylaxis to prevent neural tube defects. *Br J Obstet Gynaecol* 1994; **101**: 709-710.

Psychosomatic medicine

Sir,

The paper by Nefyn Williams (October *Journal*) has far-reaching importance for psychosomatic medicine. The idea of somatic dysfunction, as opposed to pathology, is crucial for doctors and their patients. The author makes little reference to emotional causes of hyperexcitability, but the neurological work he refers to could provide the beginning of an explanation of the mechanisms whereby people experience their emotional pains within their bodies.

Working in psychosexual medicine, I see many women with dyspareunia in whom no pathological cause can be found. Careful examination of the introitus often reveals areas of tenderness, which may be anterior, lateral, or posterior. Such hypersensitivity may follow an attack of thrush, childbirth, or an episode of painful intercourse owing to lack of arousal. All these