nurse, while the non-manual classes tended to be more cautious. It appeared that the great majority of the respondents were in favour of the nurse performing traditional tasks such as giving injections or minor medical treatment; they were fairly evenly divided for and against the nurse undertaking more responsible activities such as home visiting or being the patients' initial contact with the medical team. Hence the respondents had fairly limited expectations of the capabilities and role of the nurse in general practice.

General Practitioners and Birth Control Advice in 1970/71. MARJORIE WAITE and ANN CARTWRIGHT (*Institute for Social Studies in Medical Care, London*).

As part of a national study of birth control services in 52 areas of England and Wales, 900 randomly selected general practitioners in the areas were sent postal questionnaires in late 1970. Sixty-eight per cent responded, answering questions about birth control, including sterilization and abortion.

Twelve per cent of the respondents expressed a conscientious objection to abortion. Three per cent could think of no circumstances in which they would recommend it. The doctors on the whole were more liberal in their attitude to abortion than were doctors surveyed in 1967/68,* yet there persists a greater reluctance to recommend abortion in cases of 'social' need than in cases of medical need. A substantial minority of the general practitioners (35%) were in favour of 'abortion on request'.

The mean number of estimated referrals for National Health abortion in the last 12 months was 5.0, yet there was a wide variation in individual practice: 25% of the doctors were responsible for 60% of the referrals. One-third of their N.H.S. referrals were, by their estimates, turned down. Half of the doctors faced with this situation did nothing further towards arranging an abortion, almost one-third referred these patients privately, and one in ten referred them to another N.H.S. consultant. A quarter of the doctors sampled said they had on some occasions been deterred at the outset by the difficulties they foresaw from referring a patient they considered suitable.

Compared with the 1967 sample of doctors, the recent sample was more active in discussing birth control, while their advice was more narrowly limited to the pill.

Their knowledge about the pill was variable. Virtually all (98%) of those who prescribed the pill were aware that recent pulmonary embolism is a strong contraindication; 4 in 10 did not identify congenital liver dysfunction as such. At least one-fifth of the doctors underestimated the importance of each of three possible side effects (depression, chest pains, leg pains), and one half of them overestimated the need to set arbitrary limits on the period of pill-taking.

*Cartwright, Ann (1970) *Parents and Family Planning Services*. London, Routledge and Kegan Paul.

Effects of Prescription Charges on Medical Care. IAN LECK (*Department of Social and Preventive Medicine, University of Manchester*).

When prescription charges were reintroduced in Great

Britain in June 1968 the number of prescriptions dispensed annually fell by one-tenth. This decline was studied among nearly 30,000 patients by comparing their contacts with general practitioners during two months, one in early 1968 and the other a year later. The restoration of charges seems not to have affected the frequency of contacts but may have reduced the proportion of contacts at which prescriptions were issued.

The prescriptions issued to some of the patients during the second survey month were compared with those dispensed. The proportion of prescriptions not dispensed was relatively high among the patients who were not exempt from prescription charges, especially those who lived in relatively poor areas or were seriously ill. It is therefore, suggested that a fall in the proportion of prescriptions dispensed, as well as in the frequency of prescribing, may have contributed to the decline in dispensing when charges were restored.

FOURTH SESSION (Chairman: H. CAMPBELL)

Sequel to a Famine: Intellectual Performance of Survivors. M. SUSSER and ZENA STAIN (*School of Public Health and Administrative Medicine, Columbia University New York*).

From September 1944 until May 1945, the cities of Western Netherlands were affected by a severe famine which touched all strata of the population. The remaining parts of the Netherlands were unaffected by the famine. This historical occurrence made it possible to compare the experiences of individuals born during the famine, shortly thereafter with those of controls born outside the famine area during the same time intervals. It also made it possible to study the effect of famine for varying durations of exposure, and to discriminate between exposure early or late in pregnancy and in early infancy, depending upon the time of conception in relation to the famine period.

Data based on men appearing for military induction and born during the years 1944-46, were presented. In this population, which is virtually complete in terms of 18-year-old survivors, the prevalence of severe and mild retardation is not raised for the famine-exposed cohorts.

The occupational class of the fathers of inducted men was recorded. Scores of an intelligence test provided a continuous variable, available on about 95% of the population. Mean intelligence test scores were compared for sons of fathers in non-manual and in manual occupations, and according to famine exposure. Sons of non-manual workers scored consistently higher than sons of manual workers, and no influence was shown of famine exposure in either class, or in the differences between them.

The social classes differed somewhat in fertility during the famine period. The effects of these differences on I.Q. were marked.

These results on the effects of maternal starvation during gestation on later mental performance point to three conclusions: (1) the power of social determinants in mental performance; (2) the absence of a detectable nutritional component among these social determinants