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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

General practitioners and barbiturates

SIR,—The barbiturates only a decade or so ago were the practitioners' hypnotic and sedative of first choice. Now the barbiturates have attained the dignity of a small professional campaign against their use (CURB). It therefore seemed timely to ask the general practitioners themselves for their views on the place of these drugs in modern therapy, excluding their anticonvulsant and anaesthetic roles.

Principals in general practice in two North Midland towns were circularised with a shortened version of the questionnaire used recently for this purpose by the Royal College of Psychiatrists. Some 60% replied and the views noted below are perhaps typical only of those so motivated and so tolerant that they completed and returned a questionnaire sent out in the holiday season. A total of 226 questionnaires were returned. There were no differences of statistical significance in the answers from the two towns so they are here analysed together.

Three-quarters of the practitioners stated that they never now prescribed barbiturates as a new hypnotic and one-fifth said that they seldom did so. Two-thirds never now prescribed barbiturates as a sedative or tranquilliser for new cases and 30% seldom did so. Only some 3% of the doctors frequently started any patient on barbiturates as a hypnotic or sedative.

Over 70% stated that they would usually recommend patients to cease using barbiturates if these had been taken for 12 months and another fifth would more rarely recommend this. Only half the doctors felt that such a recommendation was usually followed and

one-third felt that such advice was only rarely heeded.

Seventy-five per cent of the doctors felt that there was no continuing need for barbiturates as a hypnotic and 85% that there was no continuing need to use barbiturates as a sedative or tranquilliser. Three-quarters of the doctors, however, were opposed to legal restrictions concerning their use, although a fifth were in favour of such restrictions.

The general observations of the doctors confirmed that there had been a major swing away from barbiturates over the past five years. The biggest hindrance to a further dramatic fall in barbiturate prescribing is the difficulty felt or experienced by doctors in stopping hypnotics that have been satisfactorily used over many years by their elderly patients. A considerable minority of doctors, however, have experienced great success with this problem and have weaned their practices totally or almost totally from such use of barbiturates. One doctor in this small series reported that, despite complaints of a longer hangover effect and a rather less satisfactory sleep with the benzodiazepene substitute, no fewer than 61 out of 63 patients had stopped taking barbiturate hypnotics. Another doctor said that over the last year 20 barbiturate prescriptions a week had been reduced to one a month.

Only one doctor mentioned attempts to intimidate him into prescribing barbiturates for young temporary residents; but many other doctors mentioned the need for a major educational campaign in support of their efforts to reduce the prescribing of all hypnotics. Such a topic is admirably suited for a

major new effort in health education. For this purpose the large-scale use of television is surely overdue.

With one-fifth of these practitioners in favour of some form of barbiturate control the end of the barbiturates as a routine hypnotic or sedative is foreshadowed by at least three-quarters of this admittedly small sample.

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BCG for handicapped children

SIR,—A 16-year-old boy with Down's syndrome was recently admitted to this hospital having been referred by his general practitioner with a diagnosis of "chest infection... little response to Penbritin."

On examination he was pyrexial (38°C) and grossly dyspnoeic at rest, with a tachycardia (102/min) and bilateral pleural effusion, larger on the right. The blood count was normal but the erythrocyte sedimentation rate was 99 mm in 1 h. Pleural tap was performed and the fluid obtained showed total proteins 52 g/l and a leucocytosis with relative lymphocytosis (lymphocytes 92%, neutrophils 8%). Four sputum specimens proved negative for acid-fast bacilli but a 1:10 000 Mantoux test was strongly positive. A diagnosis of tuberculosis was made and treatment started with prednisolone, rifampicin, and isoniazid. He has subsequently done very well on this regimen, with a reduction of the pleural effusion, settling of the pyrexia, and improved appetite.

His mother informs us that BCG vaccination had not been mentioned while he was at school. Further inquiries revealed that virtually none of the children at the special school for mentally and physically handicapped children attended by our patient had been offered BCG. In view of the known association of tuberculosis with mental institutions¹ and