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should be selective in their choice of food at such times. Countries continually exposed to high temperatures are more aware of the dangers.

Another hazard is that of paralytic poisoning associated with molluscan shellfish and due to saxatoxin, a neurotoxin produced by marine dinoflagellates and, in particular, Gonyaulax tamarensis. Outbreaks are rare in Britain.11-13 They occur in north and north-eastern coastal regions, where a combination of the Gulf Stream, tides, and plankton bring occasional blooms of protozoa to our shores. Certain laboratories keep watch over shellfish in these areas by routine screening for neurotoxins.14

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<sup>4</sup> Gunn, A. D. G., and Rowlands, D. F., Medical Officer, 1969, 122, 75.

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- <sup>12</sup> McCollum, J. P. K., et al., Lancet, 1968, 2, 767.
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## Gifted Children

On 8-12 September a World Conference on Gifted Children will be held in London. It is the first conference of its kind to take place in Britain, and is intended to be the forerunner of a series of world meetings in different countries. The National Association for Gifted Children, which is promoting the conference with the co-operation of the Department of Education and Science and the Department of Health and Social Security, was founded in 1966 with the aim of helping young people fulfil their potential. The motivation for this movement is the belief that gifted children are at risk of underachievement and social maladjustment.

What exactly are "gifted children?" From the vast numbers of contradictory publications on the subject, largely the work of educationalists and psychologists, it seems we must distinguish the gifted—those of superior intellectual ability from the talented—those with exceptional skill in bodily co-ordination or aesthetic sensibility, in mathematics, music, art, dance, or athletics. Spearman succinctly clarified this issue many years ago with his concept of "g," general intelligence and "s," special intelligence. Creativity is a more difficult matter. An intelligent child may lack originality; rarely, unusual creativity may coexist with modest intellectual endowment.1

Many authors seem to believe—with what evidence is not clear—that creativity can be initiated by training. It does seem probable, however, that creative potential may be stifled by social, emotional, and intellectual deprivation.2 Is it possible that creativity may be stimulated by childhood experiences of frustration and suffering? The early histories of many great men and women might seem to suggest so; but perhaps they were all potentially even greater.

What about the traditional tag that "genius is akin to madness"? Gifted children are not a homogeneous group, and among them as among all other sections of the child population are to be found a minority of individuals with emotional and personality problems. There is, however, considerable evidence that there are fewer neurotic tendencies, more selfsufficiency, and less submissiveness among the gifted. These children also compare favourably with the average as regards physical characteristics.3

Nevertheless, for some gifted children the fact of being different creates difficulties. They may become bored with a school curriculum geared to the average or just above it. They may under-achieve deliberately in order to find acceptance in the group. Their giftedness may never be suspected. In considering their educational needs Dunlap<sup>4</sup> stated, "Children with high mental ability of whatever kind and degree require significantly different education from the majority . . . In the past far-sighted educators have permitted them to advance at a faster than average pace, to study together, to explore far beyond the ordinary curriculum." Yet the National Association for Gifted Children is opposed to segregated schooling except for music and ballet. For the parents of every such child there are difficult decisions to be taken and little reliable advice available. The need to nurture the most talented seems clear enough; as for the gifted, judgement may be reserved. The forthcoming conference should be of particular interest to paediatricians, school doctors, and children's psychiatrists as well as to teachers and psychologists.

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## Rehabilitation after Acute **Myocardial Infarction**

Everyday domestic, social, psychological, and economic pressures dictate that patients who survive acute myocardial infarction should return as quickly as possible to a normal way of life. Some modification of their work may be needed at first, but at least 60% of such patients resume work within four months, and 85% are working again within ten months of their heart attack<sup>2</sup> without the assistance of either specialized rehabilitation centres or a formal training programme. In some patients fear of sudden death or recurrence of ill-health and ill-conceived ideas of the cause of their heart condition, combined with lack of either sympathetic or informed professional guidance, may delay or prevent satisfactory rehabilitation and can lead to chronic invalidism.3 Ironically, severe physical incapacity as the consequence of heart failure or incapacitating angina is uncommon after the first acute myocardial infarction in the working age group.4

International cardiological opinion on the topic has been summarized by the Working Party of the Royal College of Physicians (p. 417), but not much reliable factual information is available. General practitioners and physicians will, no doubt, want to read the full report from the College; for this abridged report contains little detailed advice on the most appropriate way of achieving optimum physical and mental fitness in this ever-increasing group of patients. Though a