should the yield. This may already be happening—the reported incidence of occupational asthma in the beginning of the second year of the scheme was more than 50% higher than that in the first year. Rapid feedback to the participants will help keep the possible occupational causes of respiratory diseases in mind. The collected data, however, derive only from cases of occupational respiratory diseases. To cover all of occupational medicine—not just respiratory diseases—much wider collection of data would be necessary.

Despite the Finnish data being collected from three different sources some cases probably still go undiagnosed and unreported because not all doctors have been trained in occupational medicine. The basis of the data to be collected is, however, the crucial question "What is your work?," which doctors still too often leave unasked.

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# Preventing unwanted pregnancies

## *Start in schools*

In 1972 a working party of the Royal College of Obstetricians and Gynaecologists published *Unplanned Pregnancy*, which urged the provision of freely available contraceptive services by the NHS.[1] Soon afterwards, its recommendation was met, but since then abortion rates in England and Wales have continued to rise. Last year some 174 000 legal abortions were performed in women resident in England and Wales—one third of them in women under 20. Because of the continuing high rate of unplanned and unwanted pregnancy the college set up another working party, this time to review education and services related to contraception. Last week it published its report (p 604).[2]

The working party was particularly concerned about unplanned pregnancies in teenagers, which it attributed to the lack of education in schools of the importance of family planning and related matters. Its report proposes a flexible curriculum for sexual education, necessary as most parents are very keen to transfer their responsibility for this to the educational system.[3] All schools should have at least one teacher specially trained to provide sex education, and a formal curriculum should be drawn up in accordance with the national guidelines.[4] Communication between home and school would be improved if seminars on sex education were organised for parents and school governors. Such a programme, however, would have to compete with other pressing problems, such as GCSEs, for the little time that parents and teachers have to spend together. The media have particular responsibilities to this age group, regaling the delights of sexual intercourse while rarely mentioning contraception, except to highlight its adverse effects.

Knowledge about emergency contraception is poor, although it is very effective.[5,6] A survey by the Family Planning Association found that only one in two pharmacists had ever received inquiries about it. Of 1000 women undergoing legal abortion, half were not using any method of contraception at the time of conception (unpublished study for the Family Planning Association). The working party's report emphasises the need for funds to be made available not only to inform health professionals and consumers about emergency contraception but also to provide appropriate clinic facilities.

In 1974 the Family Planning Association handed over its network of clinics to the NHS. As general practitioners are paid from an unrestricted budget and community services are met from a restricted district health authority budget an incentive exists for district health authorities to close clinics. This they are now doing, which the report rightly deplores. Contraceptive services given by the two agencies differ considerably: general practitioners favour oral contraception whereas community family planning clinics, which see younger women, offer a wider range of methods. The inadequacies in family planning services within the NHS—for contraception, sterilisation, and abortion—clearly need to be put right.

The report makes the innovative suggestion that health authorities should appoint senior specialists to oversee the provision of contraception and related services by community clinics and general practices and to coordinate the provision of legal abortion. Such a "community gynaecologist" might serve as a focus of skill and professionalism, which is more necessary than ever in this world of rapidly changing social values and medical techniques.

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