rubella during early pregnancy, the administration of immunoglobulin has not reduced the proportion who subsequently developed rubella. In spite of this finding, can a family doctor ethically refrain from administering immunoglobulin in such circumstances when there is nothing better to offer?

Yet again, if he does give immunoglobulin, knowing that the mother might then develop a symptomless attack of rubella, should he also advise therapeutic abortion without confirming the mother's serological response? Even if immunoglobulin cannot prevent clinical rubella in an exposed pregnant mother, can it reduce infection of the foetus or the rate of congenital abnormalities? These are some of the questions still to be answered in Britain and research by family doctors may provide some of the answers.

So the pattern that seems to be crystallizing out is, first, the routine administration of rubella vaccine to young teenage schoolgirls; secondly, the offer of serological testing to all primigravida and possibly to other mothers at the time of diagnosing pregnancy; thirdly, the offer of early post-partum vaccination to all susceptible mothers; and possibly the offer of rubella vaccination, with or without prior serological testing, to all women taking oral contraceptives, provided they are prepared to avoid pregnancy for another two months. The eventual course may be to offer serological testing to all women of childbearing age, but the most difficult decisions will still be related to the selection of those who need protection and the timing of vaccination with regard to the risk of pregnancy.

WAITING AND NOTICING

THE days are passing, if not gone, when the dining room in the doctor's home served in both domestic and professional capacities, the maid rearranging the chairs, removing the periodicals and laying the table for dinner when the last patient had been seen. Today the waiting room is likely to be one part of an adapted or purpose-built centre where a member of the practice staff controls and regulates a flow of patients which in a busy partnership may be continuous for much of the day.

'Waiting-room' is perhaps a misnomer. Patients attending by appointment seldom wait as long, though there is still need to provide them with something to occupy the mind—and occupy the child—while they wait for their consultation. Reading matter is customarily provided, sometimes piped music, and there can be few waiting rooms without a practice notice board, cork linoleum tending to replace the traditional green baize as it holds drawing pins rather better.

Notice boards in waiting rooms may be seen—even if their contents are not read—by surprisingly large numbers of people. We have evidence that a practitioner will meet three quarters of the people on his National Health Service list at least once during a year. On a conservative estimate something like twelve million people will see the board in the waiting room of a member of the College each year. Clearly there is an opportunity to get the message across and this need not be limited to exhortations to get baby immunized or to make him clean his teeth.

From time to time there has been discussion on the legitimacy of waiting room 'propaganda' on behalf of the College Appeal. While it has been considered in-

appropriate for us to seek to advance the College's own ends in this way, no exception can be taken to our assisting the good endeavours of others. Elsewhere in this issue will be found a letter describing the work of the Ranfurly Library Service. This charitable enterprise seeks to help the peoples of developing countries in their campaign against illiteracy and ignorance by sending out, as free gifts, books, new and old, which are no longer needed by their literate owners. Publicity could quite properly be given to undertakings of this kind.

Not only could the waiting-room notice board convey information about voluntary services like this to a large and temporarily captive reading audience, in a perfectly legitimate way, but the reception desk might also have a part to play. The operation of such a service depends on the collection of unwanted books, but how many people know to whom these should be brought? On moving house or at other times bookshelves may have to be thinned out and disposal of the thinnings becomes a real problem.

The practice reception desk is often open for most of the day. Could the not receptionist by custom be recognized as a collecting agent, and the practice itself become a collecting centre? Some temporary storage space would, no doubt, be necessary but in most places the service has arrangements with Rotary International whereby books may be collected and parcels left at the reception desk would not stay there long after a telephone call.

As the pattern of provision of medical care changes so also do our opportunities to help the community in which we work. We must be alert to these changes and, indeed, participation in the work of others might provide a test of the effectiveness of the notice board as a means of communication. At present this may receive less attention—from ourselves as well as our patients, than it properly deserves.

EXAMINATIONS

Bene, bene, bene, bene respondere,
Dignus, dignus est intrare
In nostro docto corpore.

Molière

AFTER years of heart searching and debates which were always lively and sometimes rancourous, the College has now an established examination as a normal way of selecting candidates for membership. The examination consists of multiple-choice questions, modified essay questions, and traditional essay questions. The number of examinees has increased each time the examination has been held. On this count this is a success story. Whether or not to have an examination has proved to be only part of the difficulty. What form the examination should take was equally difficult to decide. The Court of Examiners is to be congratulated on the way that it has approached this problem and studied the various methods which could be employed.

The vast amount of knowledge which the general practitioner has to acquire and its spread over so many disciplines makes it a subject extraordinarily hard to examine. The family doctor is expected to know a bit of everything, more bits of some subjects than of others and in some he is the specialist. From the examiner's point of view, are some subjects to be considered required knowledge, ignorance of which should lead to automatic failure? Can detailed knowledge of a special branch of medicine compensate