

a full-time statistician and a part-time general practitioner, will be provided by the University of Dundee in relation to and in close co-operation with the Department of General Practice. Steps were taken to set up an Advisory Board to further this project.

Other matters which were considered included Scottish Council's First Report on Vocational Training, issued in June 1970—organization and development of rehabilitation services in Scotland—the East Scotland Faculty Board's report on *The general practitioner and the hospital service*—medical records—computer development in the health service. Reports were received from the five faculties and from Professors Scott and Knox who had attended a European Conference on Reaching General Practice, organized by the Flemish College of General Practitioners, held in Brussels earlier this month.

At the close of the meeting a paper on *The prevention, treatment, and management of skiing accidents* was given by Dr Neil Macdonald who had been awarded the Ian Dingwall Grant Award two years ago to study this aspect of his work in general practice at Aviemore. Dr Macdonald had just received an analysis of his second year's figures and already he can show that certain types of accidents are not so frequent following action taken on inspection of the first year's figures, e.g. the redesigning of the T-bar chair lift platforms and emphasis during instruction of the paramount importance for each skier to ensure correct adjustment and proper function of the boot straps and the release mechanism (especially with hired skis).

This first meeting in the North was considered to be most successful. For many members it was a long day—some 17 hours away from home but the discussions on the train travelling north were useful. The conversation on the homeward journey was less erudite but none the less congenial and certainly entertaining.

Correspondence

Rubella

Sir,

I was appalled to read the letter by Mary Herford;¹ she lightly suggests that we might abort those women "who may" produce affected infants after checking them for anti-rubella antibodies. I too, have given this matter much thought and found your editorial in June, a very good summary of the subject. However, it seems reasonable to undertake massive immunization of girls aged 13 which is being done at the moment and I feel that one can hardly assume that a significant number of these are going to become pregnant within three months of being given the vaccine. Neither do I feel it necessary, to give these girls the contraceptive pill, which as Dr Herford so rightly points out, might be objectionable in any case to their parents. Surely this is an excellent opportunity to give these girls some health-education on the subject of sex and, to point out why they are being given immunization against rubella.

Manchester.

A. D. CLIFT.

Sir,

I would like to correct some misconceptions in Dr Mary Herford's letter to you about rubella vaccination.¹ Smith Kline & French Laboratories make no specific recommendations restricting the use of 'Cendevax' rubella vaccine to 11 to 16-year-

old girls. The Department of Health has, however, recommended vaccination for girls between 11 and 14 years but has otherwise no special advice about the risk of pregnancy in this age group. An extract from the manufacturers prescribing information should clarify matters. 'Cendevax' is indicated for "... Routine immunization of pre-pubertal girls and for use in women of child-bearing age *who are not pregnant* and in whom the possibility of pregnancy can be excluded for *at least two months* following immunization; ..." These latter precautions stem from the theoretical possibility that vaccine virus could damage the foetus when given during or shortly before pregnancy. It should be pointed out that there is at this time no evidence that this occurs with 'Cendevax'.

L. K. FOWLER.

Medical Department,
Smith Kline & French Laboratories Limited.

REFERENCE

¹*Journal of the Royal College of General Practitioners*. 1970, 20, 238.

Courses for district nurses

Sir,

The Queen's Institute of District Nursing provides a varied programme of courses for district nurses throughout the year. Some of these are general 'refresher' courses, others deal with

and nursing of particular interest to nurses in the community, relating these to the theme of each course.

Additional courses to prepare nurses for working in general practice are likely to be added to the programme during 1971.

B. S. PEMBERTON,
General Director

**Queen's Institute of District Nursing,
57 Lower Belgrave Street,
London, S.W.1.**

The family index

Sir,

Since the August article (*Journal of the Royal College of General Practitioners*, 1970, 20, 116) went to press, the family index has become simpler and cheaper to adopt.

Figure 1 shows the new layout. Either a doctor may introduce the system by using one card for each patient, or he can extend it (at that time or later on) by using second or third cards, of the same layout but different colour.

Top/left edges are the patient's birthday, top/right edges are the key relation's birthday (mother/wife). The bottom is the first two letters of the surname, all Mac's being 'Mc'.

Working in general practice

Q.I.D.N., London. (Non-residential) 8-12
March 1971. £15.

Organized in conjunction with the Royal College of Nursing, this course will include: group dynamics; health centres and new projects; and all aspects of the family health care team, including special skills required.

Family care—Human relationships

Somerville College, Oxford. (Residential)
28 March–2 April 1971. £30.

Priorities in community health

Q.I.D.N., London. (Non-residential) 4-8
October 1971. £15.

The above two courses will include lectures and discussions on recent advances in medicine

St Albans

M. J. JAMESON,

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Figure 1.